V. S. No. 1 ä

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	25 0001
County Allegane WITHIN C	ORPORATE LIMITS Registration Dist. No.
Village or City Complex Speed	No. 426 No. Courtre St., 2 Ward
(If Length of residence for city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
al On 1	
111 1/2 0 4	man.
(a) Residence: No. 736/10: Centre (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIYORCED Write the word)	21. DATE OF DEATH
Male While Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Katherine Velsler Deceased	1- 1924,10 1-12-1934
6. DATE OF BIRTH (month, day, and year) Abril 26 -1860	I last saw h AM alive on 17 1934, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at a out. The state of the
73 8 16 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	for D. A. A. A.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWHILL, BANK, etc. 10. Dato deceased last worked at this occupation (mogth and a company to this propagation of the company to the	A Forme Myolardito Will-
Addustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	the same
	Junion
year) year) occupation do year	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	100
	Du line Julion
E	VILLO10
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? The GLA Was there an au'opsy?
15. MAIDEN NAME Louise Stain	What test confirmed diagnosis? The Was there an au'opsy? Was there an au'opsy? 23. If death was due to external causer (FIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Service	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Karl Bachman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 426 no. Centre St. City	
Place of Jukes Come Date Jaw 15 - 1934	Manner of Injury
D . I .	Nature of injury
19. UNDERTAKER Our Stem Line (Address) Pers Leafund, M.d.	24. Was disease or injury in any way related to occupation of deceased?
(1) 10 1 4 7 760	(Signed) The Villiam M. D.
20. FILED (201) 1934 Cakuley I Vellage Registrar.	(Address) Cumber Can D. M.D.
page 1	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ECO 0 1024	1915	Attock of epilepsy	1 week ago
Chronic interstitial ne,	ohritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. C	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

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No.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 110002
1. PLACE OF DEATH	
County al legany WITHIN CORPO	RATE LIMITS Registration Dist. No.
Village or City Cubuledoland (16	No. Allegany Forfitst Ward death occurred in a hospital of Institution, give its NAME (fisted of street and number)
Length of residence in city or town where death occurredyrsmos	ds How long In O.S. if of foreign birth?yrsmosds.
2. FULL NAME Itilliam & Dah	Cer (Konse)
(a) Residence: No. 305 Alexandra (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE North Devorced (write the word) Male Strike A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Wolfordling	22.5 I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at. 7:554 m.
64 0 1 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	arricular Tibrillation Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (fourth and)	
IO. Date deceased lest worked at this occupation chorth and year) 11. Total time (years) spent in this occupation 31.	
12. BIRTHPLACE (city or town). Sesses & Co. (State or country)	Other Contributory Causes of Importance:
13. NAME Was St. Boke Co. 14. BIRTHPLACE (city or town) Domerso V Co. (State or country)	
14. BIRTHPLACE (city or town). Daniersel	Name of operation
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME Succession Survey (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
17. INFORMANT Mrs Mayaret C. Seits	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
10 perial, compation, or removal Parage face, 8, 1934	Manner of Injury
19. UNDERTAKER Jouis Haw duck (Address) Curish Haw and	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED and 8 , 1934 Harney & Please Registrar.	(Signed) M. D. (Address) Lucko M. D.
If more blanks are meeted address State Project on	25 V. N. Charles Street Relaimore Requesting 71 S. No

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BURFAIL	July 5,1927	Peritonitis	3 days ago
, D.		*	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	item of infor- s should state of OCCUPA-	and the latest department of the latest depart
•	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
SINDING	EXACTLY classified.	
FOR I	stated properly certificat	
MARGIN RESERVED FOR BINDING	IG INK—THIS IGE should be that it may be ons on back of	
MARGIN	ITH UNFADIN lly supplied. A plain terms, so See instructif	
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E? CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	
V. S. No. 1	N. B.—WRITE mation s CAUSE TION is	

	STATE O	F MAR	YLAND-	CERTIFICATE (OF DEATH	00003
1	. PLACE OF DEATH		WITHIN COR	PRODATE LINAUTE (137)		./
	County Allegany.				Registration Dist. No.	And the second
	Village or City Cumber 1	and. Md	1	No. 311 . Hayett	te · St	t., Ward
	Length of residence in city or town where de	eath occurred	yrsmos	ds. How long in U.S. if of	foreign birth?yrs	ds.
2	FULL NAME P.Claren	ce.Barr	nes.			
	(a) Residence: No. Cumberla	nd. Md		St., Ward.		
(Alexander		(Usual place		9	If nonresident give city or tow	
	PERSONAL AND STATISTIC				ERTIFICATE OF DEAT	TH
3.	Male 4. COLOR OR RACE White	S. SINGLE, MAR OR DAVORCE	RIED, WIDOWED, Downie the word)	21. DATE OF DEATH	Jan. 28. 1934 (Month) (Day)	193 (Yaar)
5e.	If married, widowed, or divorced HUSBAND of Anna. Barne	S •			CERTIFY. Thet I att	
6	DATE OF BIRTH (month, day, end yeer)	Jan.	3.1865	I last saw here eliva on	Jan 78 19	deeth is said
-	AGE Years Months	Days	If LESS than	to have occurred on the date state	d ebova, et 8.15.Pm	
	69	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related ceuses of Importance	/ Data of annat
z	Trade, profession, or particular kind of work dona, as SPINNER,			dufect.	w of Isother	-
SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL.			Glasel		1932	
000	SAW MILL, BANK, etc	spa	time (years) ent in this			
12	BIRTHPLACE (city or town)	Md		Other Contributory Canaca of impo	retance:	about
	(State or country)			culony to	but	640
ER	13. NAME Geo. W. Barne	5		sevent o	gen ago	641
FATHER	14. BIRTHPLACE (city or town)	Pa		Name of operation	Da Da	te of
-	(Stata or country)			What tast confirmed diagnosis?	Was the	ere an eutopsy?
MOTHER	15. MAIDEN NAME Mary . Le			23. If death wes due to external cau		
101	16. BIRTHPLACE (city or town)	Md			Date of injury.	, 19
-	(State or country) Stella. B	02200		Where did injury occur?	(Specify city or town, county a	ind State)
17	(Address) Cumberl		<u></u>	Specify whether injury occurred in	n INDÚSTRY, in HOME, or in PÚB	LIG PLAGE.
18	BURIAL CREMATION, OR REMOVAL	· · · · · ·	in 31:693	Manner of Injury		
	John.C.	Wolford		24. Was disease or injury In any w	ray related to occupation of deceas	ed?
19	(Address) Cumbers	land. M	id	If so, specify	N +11	7
_	(an) 30 24 ()	Yasan 1	Alp.	(Signed)	JAW. War	M. D.
20	FILED 1957	werey.	Registrar.	(Address)	enterstant My	

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-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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info sta UP/	1. PLACE OF DEATH
of CC CC	County
item of should of OCC	Village or City_
. 70	Length of residence in city or tow
Eve	2. FULL NAME
RD. Every YSICIAN statement	(a) Residence: No.
PH PH act	PERSONAL AND STA
T RECOR	3. SEX 4. COLOR OF R.
EN.	101000
DINDING PERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBAND of Reva
GRAN	C DATE OF BIRTH (month day and use
- co	6. DATE OF BIRTH (month, day, and yea 7. AGE Years Mo
IS A PE stated E properly ertificate	77
	Trade, profession, or particular kind of work done, as SPIM SAWYER, BOOKKEEPER, etc.
NK—TF should it may n back	
S F F O	10. Date deceased last worked at this occupation (month and
NG I AGE that ons	year)
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)
UNFA UNFA pplied terms, instru	
ter by UN	H
ITH UI Illy sup plain te See i	14. BIRTHPLACE (city or town)
	15. MAIDEN NAME
KINLY, We caref EATH in importan	I
са ТТН	16. BIRTHPLACE (city or town) (State or country)
A STATE	% R
S P P P	17. INFORMANT (Address)
F-3 70	18. BURIAL, CREMATION, OR REMOVAL
	Place Madkey
WRIT ation AUSH	f. (/
FOF	19. UNDERTAKER (Address)
m	11.07 310
z	20. FILED. , 19.27

County Registration Dist. No. Village or City Eller Lie No. Cif death occurred in a hospital or institution, give its NAME instead of street and multiple of residence in city or town yelloge death occurred yes. Mos. How long in U. S. if of foreign birth? yrs. mos.	
Village or City Ellerblia M. No. Orchestal St., (If death occurred in a hospital or institution, give its NAME instead of street and no	number)
(If death occurred in a hospital or institution, give its NAME instead of street and m	number)
(If death occurred in a hospital or institution, give its NAME instead of street and m	number)
Length of residence in city or town whore death occurredmos ds. How long in U. S. if of foreign birth?mos mos	osds.
1011. I The D	
2. FULL NAME albert M. Boline	
(a) Residence: No. Ellessee Mard. (Usual place of abode) Ward. (Usual place of abode) If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	, 193
5a. If married, widowed, or divorced (Month)	(Year)
HUSBAND of Rena Harris 22. I HEREBY CERTIFY, That I attended do	
D + a 451 Jan 10, 1934, to Jan 17	
6. DATE OF BIRTH (month, day, and year) Cugust 8 8 8 1 last rawh alive on 1934;	; death is sald
7. AGE Years Months Days if LESS than to help occurred on the date gated above, at	
OFmin. Were as follows:	Date of onset
SAWYER, BOOKKEEPER, et Selired	1/16/14
4 9. Industry or business in which	
work was done, as SILK MILL, Alexand R. R. Co	
10. Date deceased last worked at 11. Total time (years)	
year) occupation	
12. BIRTHPLACE (city or town) Other Coutributory Causes of importance:	
(State or country)	
E 13. NAME Loloman Bolin	
E 14 DISTURBANCE (CIT. 1)	
(State of country)	/
	-
Selection (State or country) Accident, suicide, or homicide? Where did injury occur?	, 19
(Specify city or town, county and State)	:)
17. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address)	.CE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Madkey Pa Date Jan 19, 1934 Nature of injury	
- (1. V) + 9	2.1.
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? A lif so, specify 19. Undertaken 24. Was disease or injury in any way related to occupation of deceased?	
11.97 210 PO 1 10 TOLLO (Signed) /7 MUST C.	1
20. FILED (Signey) (Signey) (Address) (Address)	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNING A 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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statement

certificate

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instructions on

important.

CAUSE

TION

17. INFORMANT

19. UNOERTAKER

(Address)

(Addrass)

18. BURIAL, CREMATION, OR REMOVAL.

3. SEX

7. AGE

OCCUPATION

12. BIRTHPLACE (city or town). (State or country) FATHER Charles.Bollinger 13. NAME 14. BIRTHPLACE (city or town) (State or country) Lucille . Smith MOTHER 15. MAIOEN NAME Md 16. BIRTHPLACE (city or town) ... (State or country)

Charles . Bollinger

Cumberland.

John.C.Wolford

Cumberland ... Md Registrar.

Mannar of inlury Neture of injury_ 24. Was diseasa or injury in any way related to occupation of daceasad? __ 4644 If so, spacify __

What tast confirmed diagnosis? Wes there an eu'opsy?

Accident, suicida, or homicide?______ Date of injury______ 19_____

(Specify city or town, county and State)

23. If death was due to axternal causes (VIOLENCE) fill in elso the following:

Spacify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.

(Addrass) -- Oftall-hout acct-If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Whera did Injury occur?____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	j	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 6 1834)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 0 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE F	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

	ARYLAND-	CERTIFICATE OF DEATH 00008
1. PLACE OF DEATH Allegany	WITHIN CO	
Village or City Cumberland . M		Registration Dist. No.
Length of residence In city or town whera death occurr		f death occurred in a hospital or iostitution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Levina Brant (a) Residence: No. 639 (Usua	calm) Iplace of abode)	St., # Ward. Confesion is vicily or town and State
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE OR DIT	MARRIED, WIDOWED, ORGED (write the word)	21. DATE OF DEATH Jan . 22 . 1934 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of Henry • W • Brant (or) WIFE of		22. IHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year, ay . 25.1	860	last sew half aliva on Lec 2 1933; death is sale
7. AGE Years Months Day 7. 7. 7. 27	s If LESS than	to have occurred on the date stated above, et
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
% Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	me.	melleritis had arteria
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At HC 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	-	Ichon 1932
10. Date deceased last worked at this occupation (month and year)	Totel tima (yeers) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Mđ	Other Cootribotory Causes of Importanca:
≝ 13. NAME Jacob. Deihl.		
14. BIRTHPLACE (city or town) Pa (State or country)		Name of operation None Date of What test confirmed diagnosis? Physical efawar there an autopsy? The
15. MAIDEN NAME Dont Know		23. If deeth was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Dont Know 16. BIRTHPLACE (city or town). (Stata or country)	it Know	Accident, sulcide, or homicida?
17.INFORMANT Curtis Brant (Address) Cumberland. N	Iđ	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Beneficial. Data	an.24.1934	Manner of Injury
19. UNDERTAKER John.C.Wolfor (Address) Cumberland		24. Was disease or injury in any way related to occupation of deceased? No
20. FILEDN 23, 1994 Harney	Registrar.	(Signed) UN Hodget and M. C. (Address) Cumbberland, Jud.
fage		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\$ 10 mm 10 m	- topus		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00009
1. PLACE OF DEATH	(57-2)
County allegary;	Registration Dist. No.
Village or City of John Hout	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME & hirley Pol	Choney.
(a) Residence: No. 129 Ward	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1
(or) WIFE of	1 HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer)	Hay saw h. C. Pralive on Soul 25 19 3 Kdeath is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	Patent Former Toramen 1/23/20
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Ovale (Conquital
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	matfromation of
SAW MILL, BANK, etc	helix)
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Westernfront	Other Contributory Causes of importance:
(State or country)	Pulmonary Edema 1/249
13. NAME Section Chancel.	1/2/13
13. NAME Section Change. 14. BIRTHPLACE (city or town) Mesleun front.	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Berondene Wilson 16. BIRTHPLACE (city or town). We legy front	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Mesterphort	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Les Choney's (Address) Westernah Mill.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date JUN 15., 19.39	Nature of Injury
19. UNDERTAKER D. Broad.	24. Was disease or injury In any way releted to occupation of deceased? 20
(Address) Barton, MA.	If so, specify
20. FILED the 7 1934 0 1 200 100	(Signed) V. C. Werry M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Run over by street ear Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonilis " Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroen teritis May 1,1923 1 year

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No.

(Year)

Date of onset

FOR ARGIN RESERVED

V. S. No. 1

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Cerebral hemorrhage = EB (1934	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1 8

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00012
1. PLACE OF DEATH	(1948)
County Colleggard WITHIN COR	PORATE LIMITS Registration Dist. No.
Village or City Consideration (IF	No. 5 Stilling About St., 6 - Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	How long in U.S. if of foraign birth?grsds.
2. FULL NAME Tra W. Crabtre	
(a) Residence: No. Clatow Mg	SK, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
& SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
11 81 1906	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) How K-wow	I last saw h; death is said
7. AGE Yaars Months Days If LESS then 1 day,	to have occurred on the data stated above, at
ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance ware es follows:
NOTE of the control o	Canalit in Wreckage 1-17-34
9. Industry or businass In which work was dona, as SILK MILL,	of sleet listed hours
SAW MILL, BANK, etc	O Chest insuries + burns
this occupation (month and spant in this occupation	Caused by explosion
12. BIRTHPLACE (city or town)	Othar Contributory Canses of Importance:
(State or country)	Sulsocalion
13. NAME Crabtee	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(Steta or country)	What test confirmed diagnosis? Muyucal Eyanwas there an au'opsy? 110
15. MAIDEN NAME Tralinda Crabtree	23. If daath wes due to external causes (VIOL ENCE) fill In elso the following:
[16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide! Date of injury 1-17, 19-3-4
(Stata or country)	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT Unglie Crabbe	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Oloton Vn ol	Residence -515 Hillop Nov.
Place Ustawn Ind Data Day 31, 1934	Nature of Injury Burna & Chest Magaries
P. 8419	
19. UNDERTAKER CANDIDATE OF THE CONTROL OF THE CONT	24. Was disease or injury in any way related to occupation of dacaasad?
20. FIJE Den 1 9 , 123 H Barney Drenas Registrat.	(Address) (Addre
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

properly classified.

stated

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4 COLOR OR RACE

WIDOWED, Dunglo OR DIVORCED (Write the word)

6 DATE OF BIRTH

(Month)

(Day)

If LESS than

7 AGE

1 day hrs. ds. or min.?

B-OCCUPATION (a) Trade, profession or

particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

13 BURTHPLACE

OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

I HEREBY CERTIFY, That attended the deceased from

....., 192...., to....., 192.....,

that I last saw h alive on 192..... and that death occurred on the date stated above, at

The CAUSE OF DEATH * was as follows:

Contributory Secondary

(Signed).

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Duration)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

(Duration) yrs......mos......

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of deathyrs......mos.....ds. In the Where was disease contracted, if not at place of death?.....

Former or usual residence

OR REMOVAL

DATE OF BURIAL Van 14

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, atic), causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping icianus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1. PLACE OF DEATH County Village or City Village or City Langth of residence in city or form where death occurred. And the county of the	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00014
Village or City. Langth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. 1. St. Ward. St. Ward. Residence: No. 1.	1. PLACE OF DEATH	ORPORATE LIMITS (18)
Length of residence in city or town where death occurred yes. Length of residence in city or town where death occurred yes. 2. FULL NAME (a) Residence: No. 1974 (Unsilpine of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLD, OR RACE 5. SINGLE MRRIED WINDOWSD. (b) A COLD, OR RACE 5. SINGLE MRRIED WINDOWSD. (c) ADIE OF BIRTH (month), day, and year) 7. AGE Years Mionths Months Mont	County allegany	Registration Dist. No.
Length of residence in city or town where death occurred yes. Length of residence in city or town where death occurred yes. 2. FULL NAME (a) Residence: No. 1974 (Unsilpine of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLD, OR RACE 5. SINGLE MRRIED WINDOWSD. (b) A COLD, OR RACE 5. SINGLE MRRIED WINDOWSD. (c) ADIE OF BIRTH (month), day, and year) 7. AGE Years Mionths Months Mont	Village or City Feen les land	No. 154 Roll St. 2 Ward
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (d) Residence: No. (d) Residence: No. (e) Residence: No. (f) Residenc	(II	death occurred in n hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 13.5.4 Charalplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOGO, OR RACE 5. SIMILE MERSITO WINDOWSD. OR PROPERTY OF DEATH 2. DATE OF BIRTH (month, day, and year) 5. Ill married, widowed, or divorced on the data state of	Length of residence in city or town where death occurredyrsnos	ds. How long in U.S. if of foreign birth?wrsmosds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX. J. COLOG. OR RACE S. SIMOR MARIE DYNDOWED. J. DATE OF DEATH A. COLOG. OR RACE S. SIMOR MARIE DYNDOWED. J. DATE OF DEATH A. COLOG. OR RACE S. SIMOR MARIE DYNDOWED. J. DATE OF DEATH A. (Month) (Day) (War) 22. I HER BY CERT LFY. That I attended deceased from to have occurred on the data starbove, at 2.10 P.m. I day	2. FULL NAME Menne M. To	sher.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OB RACE 5. SINGE MARRIED WINDOWS 1. STATISTICAL PARTICULARS 5. SINGE MARRIED WINDOWS 1. STATISTICAL PARTICULARS 5. SINGE MARRIED WINDOWS 5. HI married, widowed, or divorced (long) wife of great of the particular of the p	(a) Residence. 140.	
3. SEX 4. COLOR OR RACE 5. SINGLE MERITY WIDOWED. 2. IMPRING Months (Month) (Day) (Ten) 50. If married, widowed, or diversed (CO) WIFE of Tueld (
Sa. It married, widowed, or divorced Hystards (Month) (Day) (1961) 59. It married, widowed, or divorced (Month) (Day) (1961) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 have occurred on the data stategrabove, at 1 19		
55. If married, widowed, or divorced HSSRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7	OB DI GROW OF WALE	Quan 1 102 4
HESENTE-of (or) WIFE of Fred J. Trade J	Temple Colored Masser	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than I day, hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs.	HUSBAND of	22. I HEREBY CERTLEY. That I attended deceased from
Trace Years Months Days ITLES than I day. hts. or min. Trace Pession. Trace	Tred D. Olisher	0
Taday, personal day, hrs. or. min. Traday, personal day, hrs. or. min. The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: It also, personal day, hrs. or. min. The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: It also personal day, hrs. or. min. The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: It also personal day, hrs. or. min. The PRINCIPLA CAUSE OF DEATH and related causes of importance were as follows: It also personal day or between a specific personal day. It also personal day or between a specific personal day or between a specific personal day. It also personal day or between a specific personal day. It also personal day or between a specific personal day or between a specific personal day. It also personal day or between a specific personal day or between a specific personal day. It also personal day or between a specific personal day or between a specific personal day. It also personal day or between a specific personal day or between a specific personal day. It day, hrs. hrs. It also personal day or beautiful day. It also personal day or beautiful day. It day. It also personal day or beautiful day. It day. It also personal day or beautiful day. It day. It day. It also personal day or beautiful day. It day. It day. It also personal day or beautiful day. It day.	6. DATE OF BIRTH (month, day, and year) July 19 1869	I last saw he alive on 1934; death is said
Trade position were as follows: Trade position Trade position Trade T	7. AGE Years (Months) Days If LESS than	1 4.347
Trada po sesion. IER, **(KEPPS, WILL)** 9. Industry or business in which work was done, as SILK MILL, SAM MILL, BARK, etc. 10. Date deceased lase worked at this occupation (month and spent in this occupation) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURLA, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) (Addre		were as follows:
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20. FILED AM 3 , 1934 Naruey November (Signed) Devoy C. Hallow and M. D. Registrar. (Rodress) 145 Harrow & H.		
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00015
1. PLACE OF DEATH	POPATE LIMITS (3)
County allegans	Registration Dist. No.
Village or City Charles (If	No. 2011 St., 6 - Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillburge Fingly	
(a) Residence: No. // Cultural place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (rurite the word)	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of	Jen 4 1934 10 Jen 4 1934
5. DATE OF BIRTH (month, day, and year and 4, 1934	I last say h alive on , 19 ; death Is seid
AGE Years Months Deys If LESS than	to have occurred on the date staled above, et 2 10 Am.
stillage Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- X8. Trade, profession, or particular	were as follows: Date of on set
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still Born Duly
9. Industry or business in which	Atol how Ruly
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10 Date deceased last worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation	
IZ, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	allney in hother
13. NAME & Muerica Fresher	
14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	What test confirmed diagnosis? Was there en eu'opsy?
15. MAIDEN NAME Parel Attento	23. If death was due to external causes (VIOLENCE) fill In also the following:
16 RIRTHPI ACE (city or tower) Bartan	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
m. & m of lil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address)	Specify whether injury occurred in Moostkit, in Home, of introducto reace,
BURIM. CREMATION, OF REMOVEL	Manner of Injury
Place Demercal House Jan 4, 1934	Nature of injury
m OCH L'+ 0	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKED	If so, specify
1 1/20 -1000	(Signed) PR Dueum M. D.
20. FILED 4 1034 Value / N Veca	(Address D. A. Sand I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FLB 6 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY PHYSICIAN

item

RECORD.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods County Registration Dist. No. Village or City No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where deeth occurred. How long in U.S. if of foreign birth? vrs. mos. ds. PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) ACTL (Month) (Day) classified. 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. Thet I ettended deceesed from (or) WIFE of × M 6. DATE OF BIRTH (month, day, end yeer) certificate. properly Oays 7. AGE Months If LESS than to heve occurred on the date stated ebova, at 4 stated 1 day ___ hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or Q min. Oate of onset Trade, profession, or particular kind of work dona, es SPINNER. OCCUPATION Jo SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which may should work was done, as SILK MILL SAW MILL, BANK, etc 10. Oeta deceesed last worked at on 11. Total time (yaers) this occupation (month and spent in this AGE that occupation _____ instructions 12. BIRTHPLACE (city or town). (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (Stata or country) carefully What tast confirmed diegnosis?_____ Was there an eutopsy?____ MOTHER important. 15. MAIOEN NAME in 23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?_____ Oate of Injury_____ 19____ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?____ (Specify city nr town, cnunty and State) plnods Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF S Manner of Injury CAUSE mation LION Nature of injury_____ 24. Was disease or injury in eny way related to occupation of deceased? 19. UNOFRTAKER If so, specify _. (Signed). Registrar. (Addiss) Jan If mnre blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0001	7
1. PLACE OF DEATH	94.0	
County Allegany	Registration Dist. No. 0	
Village or City & Amacaning	NOSt., death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
	ds How long in U.S. it of foreign birth?	•
2. FULL NAME They lay lay ley	reen	
(a) Residence: No. Amaconing	St., Ward.	
(Usual place of phode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
OR DIVORCED (gorite the word)	, 193.	4
5a. If married, widowed, or divorced	(Month) (Day) (Y	(ear)
HUSBAND OF Corn WIFE of Chris & Garnes Green	22. I HEREBY CERTIFY. That I attended decess 19	ed from
6. DATE OF BIRTH (month, dey, and year) Ort 28, 1860	X7 0 30 33	h is said
7. AGE. Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 4	
73 . 2 4 1day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER Letted Flarmer SAWYER, BOOKKEEPER, etc.	Auguen Vectoris 17/3	0/33.
9. Industry or business in which work was done, as SILK MILL,	Pudley deals	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation 3/4/44,	Russeu alavi	
() 2 4 1 1 1 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME John Mesley Green		
14. BIRTHPLACE (city or town) Affinyland.	Name of operation Dete of	
1 (State of country)	What test confirmed diagnosis? Was there an autopsy	no
15. MAIDEN NAME Smilme dieen 16. BIRTHPLACE (city or town) Danyland,	23. If death was due to external causes (VIOLENCE) fill in also the following:	
[16. BIRTHPLACE (city or town) Alangland (State or country)	Accident, suicide, or homicide?, Date of injury, 1	9
(State of Country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT ALVINUS CONTROL (Addross)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	******
18. BURIAL, COMMATION, OR REMOVAN	Manner of Injury	
Place The till the gate of the 1934	Neture of injury	
19. UNDERTAKER HALL CONSTITUTION (Address) Constitution, And	24. Was disease or injury in any wey related to occupation of deceased?	
20. FILED Ry, 2 , 34 E. Don J flourd, Registrar.	(Signed) (Address) Conadamy	_ M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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of importance were as follows: Arteriosclerosis Chronic interstitial nephritis 1915 Attack of epilepsy 1 week Chronic interstitial nephritis 1921 Run over by street car 1 week Cerebral hemorrhage July 5, 1927 Peritonitis 3 days Other contributory causes of importance:	Example I	1	Example II	
Chronic interstitial nephritis 1921 Run over by street car 1 week Cerebral hemorrhage July 5,1927 Peritonitis 3 days Other contributory causes of importance: S. Other contributory causes of importance:	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage July 5,1927 Peritonitis 3 days Other contributory causes of importance: S. Other contributory causes of importance:	Arterioselerosis	1915	Attack of epilepsy	1 week ago
Other contributory causes of importance: S. Other contributory causes of importance:	Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Other contributory causes of importance: S. Other contributory causes of importance:	Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	FED 6 1994			
	Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis 1 years	Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

	Allegany	Wil	HIN CORPC	PRATE LIMITS 2019	Registration Dist.	No. 4
Village or	CityCumbe	rland		No. Memoria death occurred in a horpital or instit ds. How long in U.S.If		ead of street and number)
2. FULL NA	ME Earl H	arvey				1
(a) Reside	nce: No.	Gorman (Usual place of	ia of abode)	St., Ward.	If nonresident give c	V-8.
PERSOI	NAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF	DEATH
Male	4. COLOR OR RACE White	s. single, mare or divorced Single	(write the word)	21. DATE OF DEATH	(Month)	5 7 , 193 \$4.
a. If married, wido HUSBANO of (or) WIFE of	wed, or divorced	-		22. I HEREB		That I ettended deceased from
DATE OF BIRTH	(month, day, and year)	11024	1914	Clast saw h alive on alive on	1934, 10 Jan	7 19 3 4: death is sai
	ears Months 4	Days I3	If LESS than 1 day,hrs.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA	1 1/	m.A · M ·
8. Trade, profi	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Miner	ormin.	made as tollows:	e nue	Data of onse
	business in which as done, as SILK MILL, ILL, BANK, etc		`	Pelfoir of	royal n	Ser of
Cilia occ	sed last worked at upation (month and	11. Total tii span ocau	me (years) t in this pation	Mistera	- Silfor	notion
2. BIRTHPLACE (c	city or town)Go untry)	rmania _W	Va.	other Constitution Causes of ima	ortance: Puru	mona
13. NAME	Frank Harv	rev				
	CE (city or town)	w.va.		Name of operation		
15. MAIDEN N	AME Nary A	bernathy		23. If death was due to external ca		
16. BIRTHPLAC	CE (city or town)			Accident, suicide, or homicide? Where did Injury occur?	1	1 1
7. INFORMANT	Memoria		al	Specify whether injury occurred	(Specify city or town, In INDUSTRY, In HOME, o	, county and State) or in PUBLIC PLACE.
	ATION, OR REMOVAL	d pete Jan	1 9 ,19 34	Manner of injury	Mues (bed Awadi
9. UNDERTAKER	Q. 7. A	harp	less	24. Was disease of injury in any	way related to opcupation t	of deceased?
o, FILEDAM	8 1934	Harwer	A Meiss	(Signed) (Address)	# Nau	Maries M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1		STATE O	F MARYLAND-	CERTIFICATE OF DEATH 10020
1		of DEATH Allegany	WITHIN CORPO	Registration Dist. No.
	Village Dr	city Cumberlan		ND. 413 Broadway St., 5 Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
2	Length of re	sidence in city or town where de		
	(a) Reside	437 7	roadway (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
	PERSO	NAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 8	SEX F	4. COLOR OF RACE	s. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH January 27 (Month) (Day) (Year)
5a.	If married, wide HUSBAND of (or) WIFE of	wed, or divorced		22. I HEREBY CERTIFY, That I attended deceased from January 27 19 34 to # 19
7. /	AGE Y	(month, day, and year) J aars Months ession, or particular work done, as SPINNER,	Days If LESS than 1 day,hrs. ormin.	401
OCCUPATION	9. Industry or work w SAW M	R, BDOKKEPER, etc. business in which as done, as SILK MILL, ILL, BANK, etc. sed last worked at upation (month and	11. Total time (years) spent in this occupation	Dither Cantributary Causes of importance:
12.	BIRTHPL ACE ((State or co	orty of towit)	mberland land	-
ER	13. NAME	Harold Higgs		
FATH	14. BIRTHPLAC	CE (city or town) We or country)	st Virginia	Name of operation
ER	15. MAIDEN N	AME Magel G	ladys Sellers	23. If death was due to external causes (VIDLENCE) fill in also the following:
MOTH		CE (city or town) Penn	sylvania	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17.	INFORMANT (Address)	Mrs. High	gs way	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-18:	PINCE 9	TIDN, OR REMOVAL	Date / - 27, 1934	Manner of injury
	UNDERTAKER - (Address)	27,1974 X	aresent Places	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) 222 Bedford St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

should state

PHYSICIANS

TION is very important. See instructions on back of certificate.

-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

00021

1. PLACE OF DEATH			92-2	*
County Allegan	V W	THIN CORE	PORATE LIMIYS 9200 Registration Dist. N	0. 4
Village or City Cumberla	nd. Md	(1	No. Allegany Hospital f death occurred in a hospital or institution, give its NAME instead	St., — Ward
			sds. How long in U.S. if of foreign birth?y	rsds.
2. FULL NAME Amanda,				
(a) Residence: No. Cum	berland (Usualplace of		St.,Ward.	
PERSONAL AND STATISTIC			If nonresident give city MEDICAL CERTIFICATE OF	
	, SINGLE, MARR		21. DATE OF DEATH	DEATH
. Female White	OR DIVORCED	(write the word)	Jan. 2	1.1934 ₁₉₃ (Year)
5a. If merried, widowed, or divorced HUSBAND of Sidney. Ho (or) WIFE of	ckaday		22. I HEREBY CERTIFY, The	at I attended deceased from
6. DATE OF BIRTH (month, day, and year)	.17.189	3	last saw her alive on Jan 20	1934 death is seld
7. AGE Years Months	Deys	If LESS than	to heve occurred on the date stefed above, at 7 Pm m	
41 —	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imperer as follows:	,
2 Trade, profession, or particular	A & IT am a		were as torows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	At Home	; 	muocardial failure	Dug. 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	0.00		Chronic Endocarditis,	7-7-
O 10: Date deceased last worked et this occupation (month and	11. Total tim	ne (years) in this	Dialated + Hypertrified Hear	±
year)	•	Md.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)(State or country)		19154		
13. NAME Samuel . Daws	on.			
14. BIRTHPLACE (city or town)	Md		Name of operation None	Date of
(State or country)			What test confirmed diagnosis? Clinical	
15. MAIDEN NAME Emma . Mar	tin.		23. If death was due to external causes (VIOL ENCE) fill In elso	
16. BIRTHPLACE (city or town)	Md		Accident, suicide, or homicide? Date of i	
Stete or country)			Where did Injury occur?	
17. INFORMANT Jacob Daws (Address)	on. ely Wv		(Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or i	n PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion. Wva.	Jan.	23.1934	Manner of injury	
19. UNDERTAKER John.C.Wolf (Addiess) Cumberla	ord	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24. Was disease or injury In any way related to occupation of	
20. FILED AM 22, 1934 Na	rugs	Melesa Registrar.	(Signed) arthur to Jones (Address) 40 h Gebruty 38	M. D.
If more bla	nks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB C 1934			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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-	_	de.		

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH H.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0 DEATH 00022
County Allegrans	Registration Dist. No.
Village or City Frankling	No. St., Ward
Length of residence in city or town where deeth occurred 4-9-yrs. 9-mos.	death occurred in a horpitel or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msds.
2. FULL NAME loa may lenking	
(a) Residence: No. Frestball- Walnut	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of arthur fee. Lenking	22. I HEREBY CERTIFY, That I attended decessed from 28 1934 to 29 1934
B. DATE OF BIRTH (month, dey, end yeer) april 23-1894	alest saw her elive on Jan 929, 193 4, deeth is said
AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, atm.
49 9 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Australia SAWYER, BOOKKEEPER, etc.	Morekial Kemorrhago Jan 28
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1934
10. Date deceased last worked et this occupetion (month and year) 11. Total time (years) spent in this 3 year	
2. BIRTHPLACE (city or town) trouthurs	Other Contributory Causes of Importance:
(Stete or country)	Außerten
13. NAME (Cichard Hayokins)	10-
14. BIRTHPLACE (city or town) England: (State or country)	Neme of operation Date of Was there en eutopsy?
15. MAIDEN NAME MARY ann morgan	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Lngland (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Martha Of athey (Address) Frothers ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR JEMOVA Confley Plece June 1 1934	Menner of injury
19. UNDERTAKER Agril S. Boal	24. Wes diseese or injury In any way related to occupation of deceased?
(Address) Amazoning Marken 20, FILED 30, 1934 CBR. Walken	If so, specify (Signed) M.D. Change M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	10.00 miles		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes s follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street ear		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis		3 days ago
			HATALA JA	
			Type to exceptioner	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
		* W.		

V. S. No. 1 B.

should state

of OCCUPA.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 000	123
1. PLACE OF DEATH		Koon	/
County Allegany	MALHIN COLLO	Registration Dist. No.	
Village or City Cumberland	1	No. Memorial Hospital St.,6-	Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and nods. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Robert	t T. Jones		
(a) Residence: No. Carpenter	s Addition. (Usual place of abode) Ridg	St., Ward. Ridgeley. W. Va.	State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH January 5, (Month) (Day)	193.4 (Yeer)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	5	1 HEREBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, day, end yeer)	May.2, 1932	0 - 0 -	death is said
7. AGE Years Months	Rays If LESS than	to heve occurred on the date stated above, at 2:35 Pm	, death is said
20 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
Z 8. Trade, profession, or particular	01	were as follows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Lotor Tuermanin	D-a 2
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and			1933
SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spant in this occupation		
12. BIRTHPLACE (city or town) MARY (State or country)	YLAND	Other Contributory Causes of importance:	
Harry T. Jone	es		
13. NAME Harry T. Jone 14. BIRTHPLACE (city or town) West Vi		Name of operation Date of	
(State or country)		Name of operation Date of What test confirmed diagnosls? Was there an au	tanau2
15. MAIDEN NAME Bessie Pipe	er	23. If death was due to external causes (VIOLENCE) fill in elso the following:	opsyr
15. MAIDEN NAME Bessie Pipe 16. BIRTHPLACE (city or town) Maryla (Stete or country)	and	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT MEMORIAL HOSPI (Address) CUMBERLAND.		(Specify city or town, county and State: Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL Plece Humbird Chappe		Menner of Injury	
19. UNDERTAKER John.C.Wolf (Address) Cumberls		24. Was disease or injury in eny way related to occupation of deceased?	/
20. FILED CEN 6 , 1934 Max	new Meins	(Signed)	M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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	Example I	ţ	Example II	
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Chronic interstitial nep	hritis = 1 V E D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 6 1934	July 5,1927	Peritonitis	3 days ago
Other contributory	auses of importance: S.		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Length of residence in city or town where death occurred yrs, mos. ds How long in U. S. if of foreign birth? yrs, mos. 2. FULL NAME (a) Residence: No. 2 / 3	1. PLACE OF DEATH	PORATE LIMITS (97)
Village or City	County allegany	Registration Dist. No.
2. FULL NAME (a) Residence: No. 2 (Daulplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. DIVORCED Grain the work Sa. If married, widowed, or divorced limbority with the color of		216 (1-)
(a) Residence: No. 23 (Justiples of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. SINGLE, MARRIED, WIDOWED, OB-DIVORCED (white the world) 5a. If married, widowed, or divorced limitation of the world of the wor	Length of residence in city or town where death occurredyrs,mos	s. ds. How long in U. S. if of foreign birth?yrsmos
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OB DIVORCED (grine the word) OB DIVORCED (grine the word) OR	2. FULL NAME Mrs Catherine	Kotschewreuther.
3. SEX 4. COLOR OR RACE OBDIVORCED CHIEF WIDOWED OBDIVORCED CHIEF the word 5. If married, widowed, or divorced Heaviside OBDIVORCED CHIEF the word 5. If married, widowed, or divorced Heaviside OBDIVORCED CHIEF the word 5. If HER EBY CERTIF That I attracting deceased 7. AGE Years Months Oays HIESS han I day		
DATE OF BIRTH (month, day, and year) 5a. If married, widowed, or divorced (or) WIFE of Ate George Melecularity 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day, hrs. Or. min. 1 day, hrs. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. 10. Industry or business in which work was done, as SIK MILL, SAW MILL, BAKK, etc. 10. Tho Back Geosased lest worked at this occupation (month and year) Occupation Other Coatributery Causes of importance: What test confirmed diagnosis? Was there en europsis on the control of the contro	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. If married, widowed, or divorced Hasahard (or) wife of the Good and	in a country of the country in the country	16 ,1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day,	HUSSAND OF A CONTACT	A
7. AGE Years Months Oays If LESS than I dayhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Place of the deceased lest worked at the coupation (month and year) Shafted eceased lest worked at the coupation (month and year) BIT LESS than I dayhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Date Place of the date stated above, at 1. 0. 0. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Other Coatributory Causes of importance: Other Coatributory Causes of importance of i	(or) WIFE of hate George chenreuther	
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Skind of work done, as SPINNER, SAVYER, BOOKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spant in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Sevenge Kolochemical (Address) 18. BURIAL, CPEMATION, OR REMOVAL Place of Level Parallements of Male (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Industry or business in which with this conditions in the seven of	ormin.	
Description occupation of deceased? 13. NAME 14. BIRTHPLACE (city or town) occupation	8 Trade, profession, or particular kind of work done, as SPINNER,	Menilo gangrens of
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CPEMATION, OR REMOVAL Placest Placest Placest 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Other Coatributory Causes of importance: 10. Other Coatributory Causes of importance: 10. Other Coatributory Causes of importance: 11. INFORMANT 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CPEMATION, OR REMOVAL Placest 18. BURIAL, CPEMATION, OR REMOVAL Placest 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Specify 11. So, specify (Signed) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. Maioen of operation 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CPEMATION, OR REMOVAL Placest 18. BURIAL, CPEMATION, OR REMOVAL Placest 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Specify 11. So, specify (Signed)	SAWYER, BUOKKEEPER, etc.	Pest Of a
Description occupation of deceased? 13. NAME 14. BIRTHPLACE (city or town) occupation occupation of deceased occupation occupation occupation occupation of deceased occupation occupati	work was done, as SILK MILL, SAW MILL, BANK, etc.	Jan.
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CPEMATION, OR REMOVAL Place of Leafur Stain Language (Address) 19. UNOERTAKER (Address) 10. Other Contributory Causes of importance: 10. Mary Causes of importance: 10. Mary Causes of importance: 11. Different Contributory Causes of importance: 12. Different Contributory Causes of importance: 13. NAME 14. Different Contributory Causes of importance: 14. Different Contributory Causes of importance: 15. Maloen Contributory Causes of importance: 16. Different Contributory Causes of importance: 16. Different Contributory Causes of importance: 18. Different Contributory Causes of importance: 18. Different Contributory Causes of importance: 19. Name of operation 19. Was there en eutops: 10. Accident, suicide, or homicide? 10. Other Contributory Causes of importance: 10. Different Contributory Causes of importance: 11. Different Contributory Causes of importance: 12. Different Contributory Causes of importance: 13. NAME 14. BIRTHPLACE (city or town) 15. Maloen Name 16. BIRTHPLACE (city or town) 17. INFORMANT Leuras (VIOLENCE) fill in also the following: 18. Accident, suicide, or homicide? 19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER Court of the Countributor Causes (VIOLENCE) fill in also the following: 19. Accident, suicide, or homicide? 10. Specify city or town, county and Staine) 10. Specify city or town, county and Staine) 10. Specify city or town, county and Staine) 11. Specify city or town, county and Stain	- 1 Should in this -	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Learne Kolochenrestes (Address) 18. BURIAL, CHEMATION, OR REMOVAL Placest Peters Removal (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Mame of operation Name of operation What test confirmed diagnosis? Was there en europs What test confirmed diagnosis? Was there en europs Accident, suicide, or homicide? Oate of injury Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 11. so, specify (Signed)	year) occupation	Other Contributory Causes of importance:
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14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Search Kolschenreutes (Address) 18. BURIAL, CPEMATION, OR REMOVAL Place of Local Country 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Name of operation. What test confirmed diagnosis? Was there en eu'opsy Accident, suicide, or homicide? Oate of injury. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. 19. UNDERTAKER (Address) Name of operation. Oate of What test confirmed diagnosis? Was there en eu'opsy Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury 19. UNDERTAKER (Address) Name of operation. Oate of What test confirmed diagnosis? Was there en eu'opsy Accident, suicide, or homicide? Nate of injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Name of operation. Oate of Name of operation. Nature of injury Nature of injury 19. UNDERTAKER Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify city or town, county and State) Specify city or town, county and State) Nature of injury Natu	1 01	munacus sus jan
Name of operation. Oate of	I 13. NAME Henry Jeiss	/
What test confirmed diagnosis? Was there en eu'opsy 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Seonge Kolschenrente Secretary (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place of Lecture Place Secretary (Address) 19. UNOERTAKER Society State of Compation of deceased? (Address) 19. UNOERTAKER Society State of Compation of deceased? (Address) What test confirmed diagnosis? Was there en eu'opsy Accident, suicide, or homicide? Oate of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNOERTAKER Society State of Compation of deceased? (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 10. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State)	14. BIRTHPLACE (city or town)	Name of operation
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT George Kolachenreuter (Address) 18. BURIAL, CHEMATION, OR REMOVAL Place of Louis Stein Research of the Country of the Cou	(State of Country)	What test confirmed diagnosis? Was there en eu'opsy?
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Oate of injury	I 15. MAIOEN NAME HOT Knowl	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
17. INFORMANT Seange Kolachenreute J (Address) 18. BURIAL, CHEMATION, OR REMOVAL Placest Setera Sean Sean Sean Sean Sean Sean Sean Sea	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Stronge Robertand Md. 18. BURIAL, CHEMATION, OR REMOVAL Place of Letter Paul Campate Jan 18. 1934 19. UNDERTAKER Rouis Stein Rue (Address)	-1 (State or country)	(Specify city or town, county and State)
Place St. Pater Paul Groate Jan 18, 1934 Nature of injury 19. UNOERTAKER Rouis Stain English Stain		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Rouis Stein Real 24. Was disease or injury in any way related to occupation of deceased? (Address) Comberland Med So, specify Professional Company of the C	0/1 1 4 () 0 / 1 / 12	
(Address) Cumbertand Med 1) so, specify of The Trewasking	riacoga percent percentage of are /f., 19.3.9	Nature of injury
20 FUEDAN 17 1934 Carney Marce (Signed) (Signed) (Signed)		
Registrar. (Address with erland Md.	20 EUSPAN 17 1934 Naryer Alleys	(Signed) (Signed)

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
Atterioscierosis	1915	Attack of cpilepsy	1 week ago
Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	*		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE C	F MARYLAND-	CERTIFICATE C	F DEATH	00025
1. PLACE OF DEATH	WITHIN CORPORA	TE LIMITS 95-0		//
County Melegan	Y		Registration Dist. No	
Village or City lander	land.	No. 27 + 170 death occurred in a hospital or institution	on, give its NAME instead of street	ward
Length of residence in city or town where d	104	ds. How long in U.S. if of		
2. FULL NAME Very	J. D. Lea			
(a) Residence: No. 27 4-9	(Usual place of abode)	St. 6 - 2 Ward.	If nonresident give city or tow	n and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL OF	RTIFICATE OF DEAT	ГĤ
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	den 24	- 193
mue mule	myce		(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	_	12. I HEREBY	CERTIFY That I atte	ended deceased from
0	1, 1171 .000	1000	Quel by	36, 19.6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated	1 6300	; death is said
P2 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH		
Trade, profession, or particular	0 ormin.	were as follows:	- 0-	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Immer	Throw	- Myoeas	the abo
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Retail			Jan
SAW MILL, BANK, etc	11. Total time (yaars) spant in this			0731
this occupation (month and year)	spent in this 20 gab	Other Contributory Causes of Import		
12. BIRTHPLACE (city or town)	1 . //	1		0
(State or country)	isna	acute Con	uar_	fee. 17
E 13. NAME / LANS	ess.	Decor	npensoui	- 1/53
13. NAME / LANGE & LAN	P	Name of operation	Date	e of
(State of country)	10.	What test confirmed diagnosis? 19	Cerusal Was the	re an au'opsy?
15. MAIOEN NAME HARRY	h ——	23. If death was dua to external caus		
15. MAIOEN NAME FACE (15. MAIOEN NAME FACE (Jan A	Accident, suicide, or homicida?	Date of Injury	, 19
(State or country)	1	Where did injury occur?	(Specify city or town, county as	ud State)
17, INFORMANT // O S La	be	Specify whether injury occurred in	INDUSTRY, in HOME, or in PÜBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10	Manner of Injury		
Place Down /n	Data Jan 74, 1934	Nature of injury		
19. UNDERTAKER Armis Ster	n) 9 ne.	24. Was disease or injury In any wa	y related to occupation of decease	ed?
(Address) lann	Syland	If so, specify	a (2)	
20. FILED an 26, 1934 ()	Parney N Men.	(Signed)	37000	M. I
1	Registrar.	(Address)	G V	
If more	vianks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Req	uesting U.S. No. 1.	

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	Example II	
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal eause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH 00040
1. PLACE OF DEATH	ORATE LIMITS PROP
County Allegan	Registration Dist. No.
Village or City Comberland	No. 515 Hilltob N. St. 6-1 Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME to reply faul feel	eliler
(a) Residence: No. 410 Va Que	St., 6 - 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male While marrie of	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIEF of Lech Liter	22. I HEREBY CERTIFY, That I attended deceased from
nellie della	, 19, to
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.20Pm.
31 4 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
2 8. Trade, profession, or particular	Euslied Skell & Compound Date of onset
kind of work done, as SPINNER, fine hell Worker	fractures of both arms +
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Plegs, 1-12-3,
O 10. Date deceased last worked et 11 Total lime (years)	31
this occupation (month and year) spant in this occupation	
IN DIDTURY ACT (situation)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Concussion from explana
13. NAME W - H. Lechliter	+ stenet by falling listber
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis luysical Exam. Was there an au'opsy? 100
15. MAIDEN NAME dresse painter 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide College Date of Injury 1-17, 19-3-4
State or country)	Where did injury occur? Cumberland Ind
17. INFORMANT W - Lechliter	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2/2 W. 3rd It Cumb Mal	Residence 515 Hillop W.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Cy following
Place Hillerentleme Date dan 20, 19 74	Nature of injury Bodly Curled
19. UNDERTAKER Louis Stein Luc	24. Was disease or injury in any way related to occupation of deceased?
(Address) Comberland Mol.	If so, specify
20. FILED an 19 1034 Hurney & Wars	showkeney Jacque Spale Pento.
Registrar.	(Address) felicles and my
The move blambs are model address Sent Building	- 37 OLL C P. L. P. C 7

11/11/19C

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis [] ()	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Mo		Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1/ 1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 15.4	July 5, 1927	Peritonitis	3 days ago
	BUREAUNS	1 2		
Other contributory ca	uses of importance:	J.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis?	11921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County allegany	Registration Dist. No.
Village or City 3 illang	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wilbert Gast La	ar
(a) Residence: No. Zihlman	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE OR DIVORCED (wrigh the word)	21. DATE OF DEATH /2 /193 4 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	(month) (Day) (Teel)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
- 4.6.1.4	11 ach , 1933, to for 12 , 1934
6. DATE OF BIRTH (month, day, and year) and 24, 19/3	I last saw n alive on ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
20 4 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Z 8 Trade, profession, or parlicular	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10/Date deceased last worked at this occupation (month and	Drabelis mellitus.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and year)	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	1/-/
(State or country)	1/1/34
14. BIRTHPLACE (city or town) Bittinger	
4 14. BIRTHPLACE (city or town) Bittinger	Name of operation Date of
(State of country)	What test confirmed diagnosis? Chuncal Was there an au'opsy? Do
15. MAIDEN NAME (hoda) paycoster	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (hoda) parcaster 16. BIRTHPLACE (city or town) & Character (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mistough oan (Address) Tuesting md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Frankfurg Daty Rev 15 1934	Nature of injury
(-(BA) 4)	
19. UNDERTAKER Addressy And	24. Wes disease or injury in any way related to occupation of deceased?
(114 June 11)	If so, specify Archer
20. FILED /13 , 1934 OLL 81 albu	(Signed) M. D.
Registrar.	(Ardress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

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S. No.

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20. FILED ...

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(Year)

Date of enset

(Day)

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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should state of OCCUPA-

1. PLACE OF DEATH County. Village or City. No. No. Delegan. No. Village or City. No. No. No. No. No. Village or City. No. No. No. No. Village or City. No. No. Village or City. No. No. Village or City. No. No. No. No. No. No. No. N	STATE OF MARYLAND-	CERTIFICATE OF DEATH 00031
Village or City Currents of the Course of the No. Office of	1. PLACE OF DEATH	73. TE 8 1000770 (3)
Langth of residence in city at lown where death occurred yrs, mos. ds. 2. FULL NAME (a) Residence: No. 3	County Allegan	Registration Dist. No.
Length of residence in city at John where death occurred yrs, mos. ds. 2. FULL NAME (a) Residence: No.	Village or City Cumpler leged	No. Allegary Hosp. St., 4 Ward
2. FULL NAME (a) Residence: No. 3. Cusualplace of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIYORCED (with theyword) For DIYORCED (with theyword) 5. If married, widowed, or divorced 1. DATE OF BIRTH (month), day, and year) 6. DATE OF BIRTH (month), day, and year) 7. AGE Years Months Days If LESS than 1 day,		
(a) Residence: No. 32 6 Cutual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	CV. A man	
3. SEX 4. COLOR OR RACE OR DIVORED (wint the word) Sa. If married, widowed, or divorced (or) WIFE of (or) WIF	(a) Residence: No. 326 Cumberland	
5a. If married, widowed, or divorced (or) WIFE of (or) WI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced hospital and the property of the property		Jan 21 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 1 day,hrs. ormin. Wind of work done, as SPINNER, SAWYER, BDOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Data deceased last worked at this occupation (month and year) (State or seuntry) 2 BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. No Work was done, as SPINNER, SAYVER, BDOKEEFPE, etc. 9. Industry or business in which work was done, as SPINNER, SAYWILL, BARN, etc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or pagentry) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopay? 21. Informant Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(or) WIFE of Louis necom	
7. AGE Years Months Days If LESS than 1 day, hrs. or min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFFER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) (State or payntry) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 17. INFDRMANT 18. Months 18. Months 19. Industry or business in which were as follows: 19. Industry or business in which were as follows: 19. Industry or business in which were as follows: 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) (State or payntry) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	S DATE OF BIRTH (month day and year) RA 18-1884	13.5, 13.5
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased alst worked at this occupation (month and year) (State or search;) 12. BIRTHPLACE (city or town) (State or search;) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Opening search as SILK MILL, SAW MILL, BANK, etc. 18. Were as follows: 18. Were as follows: 19. Date of onset 19. Average search as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Industry or business in which was done, as SILK MILL,		1,110
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or paunity) 13. NAME 14. BIRTHPLACE (city or down) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. Or paunity 18. Or paunity 19. Other Contributory Causes of importance: 19. Industry or business in which work done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 19. Industry or business in which work done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 19. Industry or business in which work done, as SILK MILL, SAW MILL, SAW MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation. Other Contributory Causes of importance: 10. Data deceased last worked at this occupation. Other Contributory Causes of importance: 11. Total time (years) Spent in this occupation. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or caunity) Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		word as follows:
year) Othar Contributory Chases of importance: Othar Contributory Chas	Trade profession or nationles	Date of onset
year) Othar Contributory Chases of importance: Othar Contributory Chas	SAWYER, BDOKKEEPER, etc.	34
year) Othar Contributory Chases of importance: Othar Contributory Chas	work was dona, as SILK MILL, SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or seuntry) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(State or sequitry) 13. NAME 14. BIRTHPLACE (city or town) State 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury 19. (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	12 RIDTUDI ACE (city or town)	Othar Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or lown) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Specify city or town, country and State) 17. INFDRMANT (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		Chance Bright Jesus 74m
Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	13. NAME tulgensio meconi	
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Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	15. MAIDEN NAME CLERG SERVICE	
(Specify city or town, county and State) 17. INFDRMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	S (State or country)	
(Address)	17. INFDRMANT (Address)	(Specify city or town, county and State)
18. BUMAL GRENATION, OR REMOVAL Come Date Jane 2 3, 1924. Manner of injury Nature of injury		
19. UNDERTAKER (Addisss) 24. Was disease or injury in any way related to occupation of deceased? If so, specify		24. Was disease or injury in any way related to occupation of deceased?
20. FILED and 22, 1994 Alexand Mensel (Signed) (Red. N. North M. D. Registrar. (Address) Court of and mo		(Signed) M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis to the second seco	3 days ago
		GEARNED I	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones P	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00032
1. PLACE OF DEATH	3
County County	Registration Dist. No.
Village or City Tologo VIII -	No. Staff Ward (Gf death occurred in a horpital or institution, give its NAME instead of street and number)
177 11 111 1 1 1	os. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME SULL VOM HOLE SE) MILIN CORP.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) for 241934	I last saw h aligne of 1, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 4
1 day,hr:	ware se follows.
Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- 7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
I 13. NAME CHURN CHURL-	
14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of country)	What test confirmed diegnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town). J. C. State & Constant	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) JUNESTIC OF TOWN	Accident, suicide, or homicide? Date of injury, 19
State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COMMING WILLOW -	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Date 19	Manner of injury
(on 1	Nature of injury
19. UNDERTAKER	24. Wes disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 1934 Cill. Starter.	(Signed) + POST WORTH
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

11/11/100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PIDEAL'	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

be properly classified.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00033
1. PLACE OF DEATH	- F7 E
County allegany	Registration Dist. No.
Village or City / Frank bug	No. //3 / Kigh St., Ward
./	death occurred in a hospital or inditution, give its NAME instead of street and number) 3. ds. How long in U.S. if of foreign birth?
	IN Plas
2. FULL NAME Benerly Jane	Meller Twin 1 or 2
(a) Residence: No. //5 Dright (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female whole or DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of mfant	Dec 19 ,1933, to Jan 18 ,1934
6. DATE OF BIRTH (month, day, and year) Dec 19 193 3	last saw hell alive on Jan 47 1934; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:50 / m.
30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Trade, profession, or particular kind of work done, as SPINNER,	1.1
SAWYER, BUOKKEEPER, etc.	Spina Bifida
9. Industry or business in which work was done, as SILK MILL,	(f)
SAW MILL, BANK, etc	Congenital
this occupation (month and spent in this occupation	/
Earth Sml	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Chas Smith	
4. BIRTHPLACE (city or town) (State or country)	Name af operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Clarysalle July	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town) Carys (State or country)	Accident, sulcide, or homicide?, 19, 19, 19
- (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lena Millely ma	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place touchust, Ind. Date Gan 2 1 , 1934	Nature of injury
19. UNDERTAKER Jack To Wale to	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) / + restanted Dud	If so, specify
20. FILEO 1/2/ 1934 Q. J. Walker	(Signed) M.D.
Registrar.	(Address) frostburg mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	
No.	
v	
>	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	stimi Lyting
County AMGPUCT	10-apising Pist. No.
Village or City While and	ND No Normans Admission St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	
2. FULL NAME Termie Eellen Mil	ler
(a) Residence: No. O vimana addition (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowepor divorced The married, widowepor divorced	21. DATE OF DEATH An 23 (Month) (Day) (Year)
HUSBAND OF Sev a Miller	22. A HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Opt 7 /894	light saw har alive on flux 260 18 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 630 m.
39 3 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Date of onset
Kind of work done, as SPINNER, Jourse auty	orytelega Jax
kind of work done, as SPINNER, Jourse auty SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at	418
1D. Date deceased last worked at this occupation (month and year)	L 238.
12. BIRTHPLACE (city or town) Charlysville	Dther Contributory Causes of importance:
(State or country)	179
14. BIRTHELACE (city or town) Changer Steel	733
(State or country)	Name of operation Dete of
	What test confirmed diagnosis
15. MAIDEN NAME LEMMA Castell 16. BIRTHPLACE (city or town) Beams Cove	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sen Del Cymbuland md	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Chaneysulle Pa Date Jan 27,1934	Manner of injury
19. UNDERTAKER J. D. Butler (Addiess) Cambridge and of my	24. Was disease or injury In any way related to occupation of deceased?
20. FILED an 26, 1934 Survey V Moise Registrar.	(Signed) 133 Da Carry M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I .		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
QUDEAU V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		And the contract of the contra	

V. S. No. 1	0.1	•	F	MARGIN RESERVED FOR BINDING	N RE	SER	VE	0	FOR	BINI	DING		
N. B.	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.	ILY, \	AILIA	UNFAI	ING 1	NK	TH-	IS	S A P	ERM	ANENT	RECO	RD.
(mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	care	fully :	supplied.	AGE	shor	ald b	e s	tated	EX	ACTLI	7. PH	YSI
7	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	TH in	n plair	terms,	so that	it m	ay	e p	roperly	y cla	ssified.	Exact	stai
)	TION is very important. See instructions on back of certificate.	portar	it. Se	ee instru	ctions	on ba	ock o	f ce	ertifical	te.			

STATE OF MARYLAND	CERTIFICATE OF DEATH	00035	
1. PLACE OF DEATH	RPORATE LIMITS (67)	./	
County alleganes	Registration Dist. No	4	
Village or City Chueltsland	No. Affection death occurred in a larged or institution, give its NAME instead of	St., 6 -/ Ward	
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs		
2. FULL NAME How Harry Mille	211		
(a) Residence: No.	St., Ward.		
(Usual Mace of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH	-	
M Married	(Month) (Da	y) (Year)	
5a. If married, widowed, or divoyced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That	I attanded deceased from	
Teneral Tangasa	, 19, to	, 19	
6. DATE OF BIRTH (month, day, and year) Left 11 1898	Church - 0	, 19; death is said	
7. AGE Years Months Oays If LESS than I dayhrs.	to have occurred on the date stated above, at		
35 2 4 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of impowers as follows:	Oate of onset	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decesed fast worked at this occupation (month and spent in this separt in this	Dun shot		
A Industry or business in which			
work wes done, as SILK MILL, SAW MILL, BANK, etc.			
- Spantin tins			
yoar) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)			
(State or country)			
13. NAME James 17. Heller			
14. BIRTHPLACE (city or town)	Name of operation	Oate of	
(State of country)	What test confirmed diegnosis? W	as thera en autopsy?	
15. MAIDEN NAME Sarale C Houch	23. If death was due to external causes (VIOL ENCE) fill in also t	he following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide !!! Date of in	jury/ - 15 7934	
∑ (Stata or country)	Where did injury occurrence the shared med		
17. INFORMANT M. L. Miller	Specify whether injury occurred in INDUSTRY, in HOME, or In	PUBLIC PLACE.	
(Address) Cumbaland Ma	Auchling Atres	t	
18. BURIAL, CREMOTION, OR REMOVAL Place culturally Again 1/19, 1934	Manner of injury and and send head	under Cher	
19. UNDERTAKER Logica Steps Luc	24. Was disease or injury in any way related to occupation of d	eceased?	
(Address) Cumpyland Ma	If so specify		
20 THEREN 19, 1934 Harrie Allen Registrar.	(Address)	ogal Com. o.	
If more blanks are model allows State Built	N. C. J. C. J. P. J. B. J. G. C. M.		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - ti 1004	1921	Run over by street car	1 week ago
Cerebral hemorrhage SAREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis 555 6 1934	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BEDEAUN. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1000

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00037
1. PLACE OF PEATH	ORATE LIMITS (3-2)
County allegany	Registration Dist. No.
Village or City Combination (If	No. 3/3 San State St., St., Ward death occurred in a hospital or institution rive it a NAME in seed of street and number)
	ds. How fong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clizafeth h. hm	May.
(a) Residence: No. 3/3 Onsugland A	St., 5 Ward.
(Usus/flace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Homale White Or By ORCED (Farite the word)	Mount 23 ,193 H
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Thick Innahly.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Some (a 1850)	
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, at 1022-m.
74 8 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trada profession or particular	Likerus My ocardetis Date of one et
SAWYER, BOOKKEEPER, etc.	J. Byra
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cog a.
10. Oate deceased last worked at 11. Total tima (years)	
this occupation (month and spant in this occupation	
12, BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Iron Donahai	
13. NAME OF MONTH NORTH	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external causas (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Oata of Injury, 19
S (State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Marce Throughy. (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Solution of Complete 1/26, 19 34	Manner of injury
19. UNOERTAKER Mis Stein 9 mg (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
20. Julian 25, 193 A Jarrey Meissen Registrar.	(Addison Les Land Mayo.
francisco de la constante de l	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Alaman and			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I VED	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 111139
1. PLACE OF DEATH	PURATE LIMITS (6)
County Allegary	Registration Dist. No.
Village or City Combelland	No. Memorial Hosp, St., 6-1 Ward
	If death occurred in a horbital or institution, give its NAME instead of street and number) s
2. FULL NAME Cleas 4. Rober	
2	01/-0.10-4
(a) Residence: No. 13 fam. 9 (Usualpolace of abode)	St. 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DYTORCED (writh a word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attempted deceased from
2 RX 11 1012	dead 196 941
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	llast/saw/h
1 day,hrs.	to have occurred on the date state above, at
20 4 10 ormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sugar Salpe
9. Industry or business in which	portering (sauce) 1707
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	J/
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total tima (years) spant in this	
yaar) occupation (month and occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:
(State or country)	
13. NAME Samuel Relos.	
13. NAME Samuel Colore 14. BIRTHPLACE (city or town)	Nama of operation strong sate of
(Stata or country)	What test confirmed alias of the Was there an autopsy the
15. MAIDEN NAME Sadio Alexunson	23. If death was due to external causes (VIOL ENCE), fill in also the following:
15. MAIOEN NAME Sadie Flourpson 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Suicide Date of Injury 1-96, 1934
Stata or country)	Where did injury occur? Cumberland, Ind.
Man Sali Anda	(Specify city or town, county and State)
(Address) Cumberland Md	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Usuicide - Slightster
Place Rose Hill Que Date face 29, 1934	Nature of injury hoisoning.
e. of g	
19. UNOERTAKER John Slein File (Address)	24. Was disease or injury in any way related to occupation of deceased?
The state of the s	If so, specify (Signed)
20. FUEDAN S. 7., 1934 A Vakully M. Registrar.	(Signed) A A M.
	(Address) Cumberland Med.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
I BELDITALLY S.			
Other contributory causes of importance:		Other contributory causes of importance:	77 1111
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

July M

V. S. No. 1 N. B.—

should state of OCCUPA-

item of infor-

STATE OF MARYLAND-	CERTIFICATE OF DEATH	40
1. PLACE OF DEATH	(3)	XO
County allegany	Registration Dist. No.	
Village or City Regulation	No. 132 frederich St., 7	Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME William & O Norm	rell	
(a) Residence: No. 132 Freddisch	St., Ward.	
(Usual place of abode)	If nonresident give city or lown and Sta	ale
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
OR DIVORCED (wie the word)		93
5a. If married, widowed, or divorced HUSBAND ot		(Ye'ar)
(or) WIFE of	22. HEREBY CERTIFY Thet I attended dec	eased from
6. DATE OF BIRTH (month, day, and year) San 1864	I last saw h. 1 M. alive on J. 1934	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1200 Am.	reatil is said
69 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Seado proloccion or particular		Pale of onset
9. Industry or business in which	Caralle Configuration	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Mary Mary Mary	
10. Date deceased ast worked at this occubation (month and 1933 spent in this occubation occupation		
P	Other Contributory Causes of importance Lusion	1934
12. BIRTHPLACE (city or town) (State or country)	g same go	
13. NAME Samuel Odomill	A)	
14. BIRTHELACE (city or town)	Name of operation	
(State of Country)	What test confirmed diagnosis? Tup. Your. Was there an au'o	psy?_/\o
15. MAIDEN NAME CATHLERINE 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:	
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT. Miss margaret adminell	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury	
Place of Veller Vella (A-Bate Mar) 1/6, 1934	Nature of injury	1-1
19. UNDERTAKER Lymo Stim Jac.	24. Was disease or injury In any way related to occupation of deceased?	Vo
(Address) landfulard.	If so, specify	
20. FILED Man 26, 1934 Manualy VI Meres Registrar.	(Signed) (Address) (Address)	M. D.
Registrat.	" (////21633)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

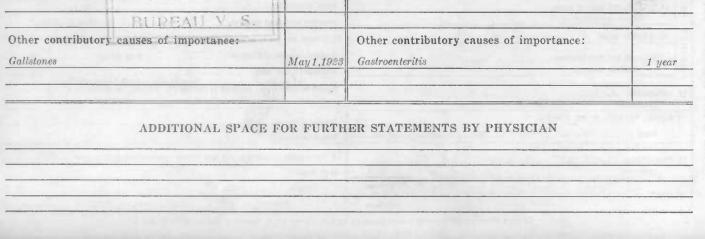
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis CFIVED.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFF. (* 1914	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

N. B.

STATE OF MARILAND—CERTIFICATE OF DEATH	STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	00041
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CountyAllegany Registration Village or CityFlintstone. Md	Dist. No.
Flintstone. Md Flintstone. Md	L'DIST. HU.
(If death occurred in a horpital or institution, give its NAM) Length of residence in city or town where death occurredyrsds. How long in U.S. If of foreign birth?	St., Ward 1E instead of street and number)
2. FULL NAME Concer.W.Oster	7.44
(a) Residence: No. Flintstone. Md St., Ward.	it give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	
3 SEX A COLOR OF PACE E SINCIE MARRIED WINDWED 21 DATE OF DEATH	1.1934 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie.Oster 22. OI HEREBY CERTIF	Y That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 6. 1884 I last saw h alive on	1934 26 , 1933; death Is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	.30 m Pm
8 Trade profession or particular	white Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Merchant SAW MILL, BANK, etc. 10. Date deceased last worked at the company of the	urais :
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
Other Coutributory Causes of Importance; 12. BIRTHPLACE (city or town) (State or country)	
I3. NAME Simon. Oster 14. BIRTHPLACE (city or town) Pa Name of operation (State or country) What test confirmed diagnosis?	Date of
15. MAIDEN NAME Martha. Mock. 23. If death was due to external causes (VIOLENCE) file	
15. MAIDEN NAME Martha. Mock. 16. BIRTHPLACE (city or town)	
(Specify city or Specify whether injury occurred in INDUSTRY, In HO (Address) Flintstone • Md	r town, county and State) OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceOdd Fellows Date Jan 4, 1934 Nature of injury	
19. UNDERTAKER John . C . Wolford 24. Was disease or Injury in any way related to occupa (Address) Cumberland . Md If so, specify	
20. FILED / 4 , 1934 D/Bennett (Signed) F. Milylage	Jana M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FE 5 1934	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A STATE OF THE PARTY OF THE STREET			

V. S. No. 1		MAR	GIN I	RESERV	ED	FOR B	MARGIN RESERVED FOR BINDING	•		M	
N. BWRIT	N. BWRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH SN	FADIN	INK-T	HIS	IS A PI	ERMANENT	RECORD.	Every i	tem of i	nfor-
mation	mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state	efully suppl	ied. A	JE should	be	stated I	EXACTLY	Y. PHYSI	CIANS	plnods	state
CAUS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plain terr	ns, so tl	nat it may	be	properly	classified.	Exact stat	tement of	of occu	JPA-
LION	TION is very important. See instructions on back of certificate.	ant. See ins	struction	is on back	Jo	ertificat	63				

	CERTIFICATE OF DEATH	1042
1. PLACE OF DEATH	97)	
County Allanny	Registration Dist. No	
Village or City Lachard	NoSt.,	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and in the street and i	
2. FULL NAME Wairifred Par	la,	
(a) Residence: No. 4 macmung	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) on Il Married, widowed, or divorced	21. DATE OF DEATH (Month) (Day)	, 193 / (Year)
(or) WIFE of David E. Cask	22. Cug. HEREBY CERTIFY, That I ettended	deceased from
5. DATE OF BIRTH (month, day, end year) April 18-1886	I last saw there alive on Jaw Joth, 1934	; death is said
. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 10.30A m.	
47 8 29 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	I Date of the A
8. Trade, profession, or perticular kind of work done, as SPINNER, Augustus SAWYER, BOOKKEEPER, etc.	Certerio scleracio	Date of onset
S. Hade, profession, or perticular, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et bis occuration (month and		
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this pear) occupation occupation occupation		
2. BIRTHPLACE (city or town) Pranyland. (State or country)	Other Contributory Causes of Importance:	-
13. NAME Joseph Usur		
13. NAME Vzefsh Guy. 14. BIRTHPLACE (city or town) 2 anyland.	Name of operation	-
(State or country)	What test confirmed diegnosis? Was there en e	outoney?
15. MAIDEN NAME Phary Pressley	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Mary Cressley	Accident, suicide, or homicide? Date of injury	
(State or country)	Where did injury occur?	
7. INFORMANT Claude Parks	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
8. BURIAL, ORDINATION, OF REMOVAL WILLEMAN Jun 19, 1934	Manner of injury	
9. UNDERTAKER M. Colo, Colonia	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED AU 19 43 4 5. Oon Vay Com	(Signed) M. An cornett	M. D
Registrar.	(Address) midland: ma-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DIDEAH V.S.	-)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00043
1. PLACE OF DEATH	(30)
County allegony	Posietration Diet Ma
\sim 1. \sim 1	Registration Dist. No.
Village or City # 102/11/19	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrsmos	
2. FULL NAME Close Nenny 1	exton
(a) Residence: No. Wester not. Hel.	St. Ward.
(a) hesidelice. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male W. OR DIVORCED (write the word)	Jm 14 193 4
5a. If married, widowed, or divorged	(Month) (Day) (Year)
HUSBAND of actelia Peylon	22. I HEREBY CERTIFY, That I attended daceased from
	Dec 27, 1938, to 9 5 14, 1974
6. DATE OF BIRTH (month, day, and year) Feb 17, 18 60	I last saw h . M alive on 9 m . 19 34; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
73 11 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
Trada, profession, or particular kind of work dona, as SPINNER.	1. Cardio - vostalos renal
SAWYER, BOOKKEEPER, etc. Shel-Maker	dislore
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BAIK, etc	2 7 ermonal Bronchis
O 10. Date deceased last worked at	Mummia
this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
The property of the second sec	
13. NAME THE PLACE (city or town) Language 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? 220
16. BIRTHPLACE (city or town) Litt Hashington	23. If death was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Life of ospington	Accident, suicide, or homicide? Date of injury, 19
(State or country) Yngyria	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT I Wyl Cepton,	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Placed pilo Centry Date Wal 1 5 1974	Manner of injury
1 0	Natura of Injury
19. UNDERTAKER STORY	24. Was disease or injury in any way related to occupation of deceased?
(Address) Baston Md	If so, specify
20. FILED //V 1934 CIT, Franker	(Signed) A. Vez Alma, M. D.
Registrar.	(Address) + norther ne

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Perilonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

00044

1. PLACE OF DEATH	PORATE LIMITS @
County Ollow one	Registration Dist. No.
Village or City Cerulled 2	Not Olagany Joseph 4 Ward
(If	death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME alice talks	uge Phillips
(a) Residence: No.	St., a Ward.
(Orual place Dabode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIGOWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
ser a chea	(Month) (Dey) (Yeet)
5e. If married, widowed, or divorced HUSBANO of	22 I HEREBY CERTIFY, That I attended deceesed from
(or) WIFE of	Dec 20, 1933, to 1934
6. DATE OF BIRTH (month, day, end year) Dec, 20, 1933	l Test saw h alive on 19 death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date steted above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
Trade profession or particular	were es follows: Data of onsat
6 Kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	archinera.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked at this occupation (month and	
SAW MILL, BANK, etc.	
Spont in this	
year) occupetion	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	10
(Stete or country)	secret myning (:)
13. NAME Maria	
13. NAME 14. BIRTHPLACE (city or town) 14. Citator country)	Neme of operation Oate of
(State of Country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIOEN NAME CLICE CONSTRUCTION OF TOWN)	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury 19
E (Stete or country)	Where did injury occur?
17, INFORMANT - Catherine	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Red Que W. Da.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece January Ja Dete June 21, 19 27	Nature of injury
19. UNDERTAKER J. W. Minear &	24. Was diseese or Injury in any wey related to occupation of deceesed?
(Address) (Lakerone) . Ja	If so, specify
20 Extels of 1934 Naruer A (News)	(Signed) M. D.
Registrar.	(Address) Les Perhi De Cumb

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had over home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. State

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Gallstones	8261,1 yold	Gastroenteritis	I ilear
Other contributory causes of importance:		Other contributory causes of importance:	
	l.	THECE IVED	
Cerebral hemorrhage	reel, deful.	Perilonira q	obn stinp g
Chronic interstitial nephritis	1861	Kun over dy street car	I meek ago
Arteriosclerosis	9161	Attack of epilepsy	I week ago
The principal cause of death and related causes of importance were as follows:	Jeano to estad	of importance were as follows:	Date of onset
Example 1		Example II	

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYI	AND-CE	RTIFICA	TE	OF	DEAT
--------------------------------------	-------	----	-------	--------	---------	----	----	------

00045

:	1. PLACE OF			V	VATILITY CORE	OPATE LIMITS @	
	CountyA	LLEC	ANY			Registration Dist. No.	
	Village or Ci	ty_CI	IMBERLAN	D.MD.	MEMORI.	AL NGOSPITAL St6 -/ Ward	
	Length of resid	lence in ci	ity or town where d	leath occurred	73 yrs. 7 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign blith?yrsmosds.	
	2. FULL NAP	ME AL	INIE REE	D.		6-14	
					E ST.		
10000	PERSON	AL AN	ID STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX FEMALE		R OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH JANUARY 8, 193	
5a	HUSBAND of (or) WIFE of	ed, or dive	JAMES R	REED		22. I HEREBY CERTIFY. That I attended deceased from	
6.	DATE OF BIRTH	month, da	y, and year)	TOBER	30 T86T	Vast saw har alive on T, 1934, death is said	
7.	AGE Year	'S	Months	Deys	If LESS than	to have occurred on the date stated above, at 3:45. A. M.	
	73		2	8	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
. 9 Trada profession or particular				die en de		Chronic physicarchetic Date of onset	
음	SAWYER,	BOOKKEE	PER, etc	HOU	SE WORK	Cardiae lest hua	
SAWYER, BOOKKEEPER, etc. HOUSE WORK SAWYER, BOOKKEEPER, etc. HOUSE WORK SIndustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end						Drolebe	
CCL	10. Date decease			11. Totai	time (vears)		
0	this occup	ation (mo	nth end	sp:	time (years) ent in this cupation		
						Other Contributory Canses of importance:	
12	2. BIRTHPLACE (city (State or coun		MARY1	AAD	~~~~~		
œ	1	?	BEECHI	7			
FATHER	Zo. White			GERMAN	V		
FA	14. BIRTHPLACE (State or		own)	G LAIT WAIN	1	Name of operation Date of	4
0:			ET ENA CI	ENSER		What test confirmed diagnosis? Wes there an au'opsy?	
15. MAIDEN NAME HELENA GLENSER 16. BIRTHPLACE (city or town) - GERMANY						23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
State or country)					Where did Injury occur? (Specify city or town, county and State)		
17	(Address)		RIAL HOS ERLAND I			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	B. BURIAL, CREMATI	OK OR E	elo Cem	Date An	10 ,1934	Manner of injury	
19	O. UNDERTAKER (Address)	mi	Stem	In I	1 01	24. Was disease or injury in any way related to occupation of deceased?	
-	(Adaress)		mmer	years	1/n	(Signed) Clarko, Brurrett M. D.	-
20	O. FILED CAME.	9	19.34 Na	kulyers	Registro	(Signed) Comberland 2006.	

DR 'S . WILLIAMS & DURRETIPOTE blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 6 1934	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

N. B.-WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH	46
1. PLACE OF DEATH		,
County allermy WITHIN CORPO	Paristration Diet No. 44	
1 0 0 0		g
Village or City unwelland	death occurred in a horpital of institution, given NAME is lead of street and num	Ward
Length of residence in city or town where death occurred	1.2 ds. How long in U.S. if of foreign birth? yrs. mos.	ds.
2. FULL NAME In Stand 60		
(a) Residence: (No. 725 Gual place of abode)	Ward. If nonresident give city or town and State	le.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3,85X 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED ("write the word)	Jan 7/	93 4
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deco	eased from
(or) THE OI	Der. 15 ,1933, to James 21	19.7 2
6. DATE OF BIRTH (month, day, and year) 1928	I last saw h was alive on Desa 21 1974; di	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7500m.	
5 9 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade profession or particular	were es follows: Menogent Intention D	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		34
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
O 10. Date deceased last worked at this occupation (month and spant in this		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	A for hollers in	gang.
(State or country)		15
13. NAME James Robert Rice So		34
14. BISTOPLACE (city or town) Lorden Land	Name of operation Date of	
(Stete or country)	Name of operation	
15. MAIDEN NAME IN 2 Share		psy!
	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	., 19
G. D. D.	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (V). (C. COLC ON: (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		
Street eter + an la Compate Jan 73 1934	Menner of injury	
0 11-110	Nature of injury	
19. UNDERTAKER TOND LITTURY / MR.	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) hombards.	If so, specify	
20. FILED Jan 22,1934 Naruer Miss	(Signed) Ped	M. D,
Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

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Example I			Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RESERVEN	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB (C 1694	July 5,1927	Perilonitis	3 days ago
	PUPPALLY S			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

, ,	V. S. No. 1	ARGIN RESERVED FOR BINDING	N RES	ERVE	D FO	R BI	NDING
ż	N. BWRITE PLAINLY, WITH-UNFADING INK-THIS IS A PERMANEN	TITH UNFAD	ING IN	K-TH	IS IS	A PEI	RMANE
	mation should be carefully supplied. AGE should be stated EXACT	ully supplied.	AGE	should	e stat	ed E	XACT
1	CAUSE OF DEATH in plain terms, so that it may be properly classified	plain terms, s	so that	it may b	e prof	erly	classified

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00048
1. PLACE OF DEATH	
County Alleganny . WITHIN CORPC	Registration Dist. No.
Village or City Com Alband	No. 2/3 Charles St., 4 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Clara Rohman	
(a) Residence: No. 2/3 Charles	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH
5a. If merriad, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of Corbins Robinson	22. IHEREBY CERTIFY, That I attanded decoased from
Q 115-1002	1933, to fair fine, 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 LESS then	to have occurred on the date stated abova, et 2 6 2 m.
1/2 1/1 2 1 day,hrs.	to have occurred on the date stated above, et
Trada, profession, or particular	ware as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julians many more culoning
9. Industry or business in which	
work was dona, as SILK MILL.	
- this occupation (month and spont in this	
year) occupation	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 11 11 11 11 11 11 11 11 11 11 11 11 11	
14. BIRTHPLACE (city or town)	Name of operation
E 15. MAIDEN NAME Sam (1) Donnel	Whet test confirmed diagnosis?
± 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did Injury occur?
In han han han.	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) And Information	
18. BURIAL, CREMITION, OF REMOVAL	Manner of Injury
Place It latitles unde Jan. 10, 1939	Nature of Injury
19. UNDERTAKER Lorno Stern Inc.	24. Was disease or injury In eny way related to occupation of decaased?
(Addrass) Combelled	If so, specify
20. FILED 9 , 1934 Carage H Deces	(Signad) f. C. Dawen M. O
Registrar.	(Address) Grantusland High
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial penhalis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

1. PLACE OF DEATH		ton		
County alleganes		10/-a	Registration Dist. No. 6	
THIN Village on City MINTER test that		No	S	t Ward
taneth of residence in situ or town when the third			ation, give its NAME instead of stree	et and number)
Length of residence in city or town where death occurred	yrs	as. How long in U.S. If C	of foreign birth?yrs	mosds.
2. FULL NAME Onne	angen	0		
(a) Residence: No. 207 Rock	V	St., Ward.	- Removed to the second	
PERSONAL AND STATISTICAL PARTICI	200	MEDICAL C	If nonresident give city or tow ERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE		21. DATE OF DEATH	7-8	-
G OR DIVORCED (write the word)	(1)	-N 15	193 4
5a. If married, widowed, or divorced		7	(Month) (D)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY	CERTIFY, That latte	ended deceased from
	1.00	Jan 73	, 1987, to Jan d	19.35
6. DATE OF BIRTH (month, day, and year) Q J 2 1/9 3.	7 1933	I last saw h alive on	pur 218, 19	3-4; death Is said
7. AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date state		
1 3 76	ormin.	were as follows:	TH and related causes of Importance	Date of onset
Trade, profession, or particular kind of work done, as SPINNER,		1300	cho meumo	ma 1-23-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and				
work was done, as SILK MILL, SAW MILL, BANK, etc	-			
10. Date deceased last worked at this occupation (month and spant)	(years)			•••••
year) occupat	ion	Other Contributory Causes of impo	. 0	
12. BIRTHPLACE (city or town) Hesteyn hort		my of one	deal usuble	- 1.28-34
(State or country) MA		accien	90	
13. NAME Hed Sarpino		1		
14. BIRTHPLACE (city or town). Accepta		Name of operation	Date	e of
(State of country)		What test confirmed diagnosis?	Was ther	re an autopsy?
15. MAIDEN NAME Office Floring 16. BIRTHPLACE (city or town) Berwoods		23. If death was due to external cau	uses (VIOLENCE) fill in also the Ioli	lowing:
	OK:	Accident, suicide, or homicide?	Date of injury	, 19
(State or country) (.) ? . ? a.		Where did injury occur?	(Specify city or town, county an	J 6
17. INFORMANT / eg Sanfully		Specify whether Injury occurred in	INDUSTRY, In HOME, or In PUBLI	IC PLACE.
(Address) Yesler who had a support of the support o	YU A.	>>		
Place St. Peters Date Styl	24 :24	Manner of injury	•••••	
19 6 0		Nature of injury		
19. UNDERTAKER JUDIO			ay related to occupation of deceases	d?
(Address) Buston MA		If so, specify	Some De Boat	
20. FILED 184 . 79 , 1934	NOW	(Signed)	and the month of	M. D.
	Registrar.	(Address) A.W. /	MAN I WOOD OF	1141

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Arteriosclerosis SFCEVED	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage File 3 10-1	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB U 1991			
Other contributory causes of importance; S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B.

infor-	state	UPA-	
Jo u	plno	220	
, iter	Ssh	jo :	
Every	IAN	ment	
RD.	YSIC	state	
RECO	PH	xact	
NT F	LY.	-:	
ANE	CT	ssified	
ERM	EXA	clas	e.
A P	ted]	perly	ificat
SIS	sta	pro	cert
HIS	be	be	of
K-THIS	hould be	may be	back of
INK-THIS	E should be	lat it may be	is on back of
DING INK-THIS	AGE should be	so that it may be	ctions on back of
NFADING INK-THIS	plied. AGE should be	rms, so that it may be	nstructions on back of
UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of
WITH UNFADING INK-THIS	fully supplied. AGE should be	n plain terms, so that it may be	nt. See instructions on back of
IY, WITH UNFADING INK-THIS	carefully supplied. AGE should be	I'H in plain terms, so that it may be	ortant. See instructions on back of
AINLY, WITH UNFADING INK-THIS	d be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	important. See instructions on back of
PLAINLY, WITH UNFADING INK-THIS	should be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	very important. See instructions on back of
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00051
1. PLACE OF DEATH WITHIN CORPC	PRATE LIMITS 210-8
County ALLEGANY	Registration Dist. No.
Village or City CUMBERLAND	No. MEMORIAL HOSPITAL St., 6-/ Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Il ardley See	
(a) Residence: No. AUGUSTA, W. Va.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
MALE WHITE SINGLE, WHITE WORD, White the word) MARRIED	January 29, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, Then I attended deceased from
(or) WIFE of ZELLA. SEE	Jan 29 1934, to 1 an 26 1934
6. DATE OF BIRTH (month, day, and year) FEB. 3 1892	1 Jest saw h same alive on fam 24 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.5 mg/
42 11 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as PINNERGAS STATION	Traphyra of a Bull
9 Industry or hydrogen in which OPER A TOR	a lacualities of brain,
work was done, as SILK MILL, SAW MILL, BANK, etc	Jun 29
10. Date deceased last worked at this occupation (month and spant in this	1.29.39
year) occupation	Other Contributory Causet of importance:
12. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	
₩ 13. NAME GEORGE SEE	
13. NAME GEORGE SEE 14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Name of operation. Date of
	What test confirmed diagnosis?
15. MAIDEN NAME ELIZABETH KING 16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Accident, suicide, or homicide? _ Cart of Land of injury fan 24, 19 3-4.
17. INFORMANT MEMORIAL HOSPITAL	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) CUMBERLAND, MD.	Manage of injury
Place Tommey M. Case 2-1- 1934	Manner of injury Academy of Manuel of injury Academy of Manuel of injury
IN HUDERTAKED A POSTA	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED and 3 2, 193 + Marrey & Oreis	(Signed) I'll Charge Mgo.
Registrar	(Addrage) Grandler J. M. J.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis 7	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1 N. B.—V

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH 00052
1. PLACE OF DEATH	WITHIN CORPC	PRATE LIMITS (212-m)
County Allegan	<i>y</i>	Registration Dist. No.
Village or City Com	rland	No. Allegary Grantels. 4 War
Length of residence in city or town where	dgath occurredyrs//yrs//	Heath occurred in a host all or institution, give its NAME instead of street and number)
2. FULL NAME Stall	in Home Si	when
(a) Residence: No. 525	Villey.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE MARRIED, WIDOWED, OR DIVORCED (w) the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	lange	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended deceased from
0		Jan. 310 1934, 10 Jun. 10th, 1934
6. DATE OF BIRTH (month, day, and year)	m 74 1971	last saw h. alive on face. to the 1924; death is sal
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at 10-404 .m.
7 11	16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
M. Trade, proféssion, or particular kind of work done, as SPINNER,	1.1 Mlm	practice of shall purse
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	May May	reduce the was trucks
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	·····	
	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	holand (Hyportal a congestion Jes 100
1 //4 // /	11 Ima	
E HANNEY	some.	
4. BIRTHPLACE (city or town) (State or country)	meland	Name of operation
	william.	What test confirmed diagnosis? Was there an autopsy? Ala
	Need 1	23. If death was due to external causes (VIOLENCE) fill in also the following:
2 (State or country)	money	Where did injury occur?
92 2. Sh	oheal.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	wherland	System whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE,
18. BUNIAL, CREMATION, OR REMOVAL	10.	Manner of Injury Ryburg sled rewinto trees
Stocklut ands 4	mode / M /3 , 1934	Nature of Injury Practice of skell.
19. UNDERTAKER Land	In I gove	24. Was disease or injury In any way related to occupation of deceased? 24.
(Address)	sfr-do	If so, specify
20. FILEDASS 12, 1934 (X	Yarney Maces	(Signed) Seeler 12. hoher M.
	Registrar.	(Address) 122 500 300 81.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephr	itis FED (15-1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	LED A YEAR	July5,1927	Peritonitis	3 days ago
3	BUREAU V. S.			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00053	,
EATH WITHIN CO	DRPORATE LIMITS ®	
Cumbbland	Registration Dist. No. No. No. Registration Dist. No. 4 V Stall 4 V If death occurred in a hospital or institution, give \$4 NAME instant of street and number)	Ward
/~	os8. ds. How long In U.S. if of foreign birth? yrs. mos. mos.	.ds.
0. 115 Start (Usual place of abode)	St.,6 - Ward. If nonresident give city or town and State	
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
OLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year	/ r)
1 d , about 1877	22. I HEREBY CERTIFY, That I attanded daceased fau., 1934, to fau., 193	34
Months Days If LESS than 1 day,hrs.	were as follows:	
or particular one, as SPINNER, KKEEPER, etc.	Zastue, Carcinoma	onset
as SILK MILL, VK, etc	Inamition (lug.	1.400
occupation	Other Contributory Causes of importance:	
- Smith		
or town) Not Kreen	Name of operation and portation Date of Deg. 18 What tast confirmed diagnosis? Description Was there an autopsy?	1933 200
not know	23. If death was due to external causes (VIOLENCE) fill in also the following:	- [
or town)	Accident, suicide, or homicide?	
OR REMOVAL General County Date June 11-, 1934	Manner of Injury	
0,1934 Harrey No Registrar.	24. Was disease or injury In any way related to occupation of deceased? //o If so, specify (Signad)	_ M. D.
76 11 1 11 11 6 2		

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA

FATHER

MOTHER

19. UNDERTAKER

(Address)

plnoys

1. PLACE OF DEATH County Allegany Village or City Cumberland	WITHIN COR	CERTIFICATE OF DEATH PORATE LIMITS (9) Registration Dist. No. No. Asylum. St., f death occurred in a horpital or institution, give its NAME instead of street at st. ds. How long in U.S. if of foreign birth? yrs.	Ward nd number)
2. FULL NAME Richard	d.Smith		
(a) Residence: No. Cumber	rland. Md (Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5. Male White 5a. If married, widowed, or divorced HUSBAND of Ella. Smith (or) WIFE of	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maried	21. DATE OF DEATH Jan . 26 . 1934 (Month) (Day) 22. I HEREBY CERTIFY, That I attended to the state of th	ded deceased from
7. AGE Years Months 82 7 8. Trade, profession, or particular kind of work done, as SPINNER, F'a.: SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc TO. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	11. Total time (years) spent in this occupation Md	I last saw h. Associative on	Date of oneat Date of oneat RMS
70, 17,000	Md	Name of aggretion House Page	

(State or country) Wiley Marie. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Md Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Smith 17. INFORMANT Cumberland. Md.R.2 (Address)

18. BURIAL, CREMATION, OR REMOVAL Menner of injury Jan.29.1934 Union. Grove Nature of Injury

John.C.Wolford Cumberland. if so, specify (Signed)

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S. I. V. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	1. PLACE OI		TH	JI. MIMIK	ILAND	CERTIFICATE OF BEATH	055
	County	All	egany		MYHIN COR	PORATE LIMITS Registration Dist. No. 4	
		90.0	Cumberl			No. Memorial Hospital SE -/ f death occurred in a horpital or institution, give its NAME instead of street and num c. ds. How long In U.S. if of foreign birth? yrs, mos.	Ward
	2. FULL NAI		416 Kn	OX St.,	Cumb. Mo	St., 3 Ward. If nouresident give city or town and Sta	ie.
	PERSON	AL AN	D STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3.	.sex Female		R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 16, 19 (Month) (Day)	3 34
52	a. If married, widow HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY CERTIFY, That I ettended deco	eased from
4 —	DATE OF BIRTH		, end year)	Jan. 1	6, 1934	116st saw her ative on Jun 16 , 193 4; de	eeth is seid
8	AGE Year		Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated bove, at 6 - 0 m. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	ate of onset
OCCUPATION	M. Trade, profes kind of w SAWYER, 9. Industry or I work was SAW MIL	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc				Sull burit	
	year)	10 Date deceased last worked at this occupation (month and year)			nt in this	Other Contributory Causes of importance:	
-	2. BIRTHPLACE (cit (State or coun	itry)	Mar	yland			
FATHER	13. NAME		uglas S	III UII			
-	(State of	country)	We	st Virg	inia	Name of operation	osy?
MOTHER	15. MAIOEN NAI 16. BIRTHPLACE (State or	(city or to	wn)	yland		23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	., 19
17	17. Informant Memorial Hospital (Address) Cumberland Md.			ospital		Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18	Place Place		1 . 1	6_Date_/_	16 -,1934	Manner of injury	
19	9. UNOERTAKER (Address)	me	Persone	l Hay	pital,	24. Was disease or injury In any way related to occupation of deceased?	
20	o, FILED and	16,1	934	Varuey	Registrar.	(Address) / 2) & Contre & !	M. D

STATE OF MADVIAND_CEDTIFICATE OF DEATH

V. S. No. 1

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No.) Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of EBY CERTIFY 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months. Days LESS than to heve occurred on the date stated above, at. 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particuler LION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPA Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (yeers)
spent in this this occupation (month and year) _____ occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)_ (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation_ (State or country) What test confirmed diagnosis?_____ Was there an europsy3 ER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) filt in elso the following: MOTHE Accident, suicide, or homicide?______ Date of Injury_____ 19_ 16. BIRTHPLACE (city or town (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION. Manner of injury Neture of injury_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED Registrar. (Address)

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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of infor-	ild state	CCUPA.	1
item	shor	o Jo	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
T RECO	Y. PE	Exact	
RMANEN	XACTL	classified.	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIE	l be	y be	to a
INK-T	Should	t it may	on bacl
DING	I. AGE	so tha	uctions
UNFA	supplied	terms,	ee instr
WITH	refully	in plain	ant. S
VINLY,	be can	EATH	import
E PL	should	EOFI	is very
-WRIT	mation	CAUSI	TION
B	1	7	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00057
1. PLACE OF DEATH	93-8
County Allegany . WITHIN CORPO	ORATE LIMITS Registration Dist. No.
Village or City Constant	ND. 403 Overatte St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Ital Narmy man	Stevens
(a) Residence: No. 413 Ariskette Oa	28, / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR, OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10. 15.00.	Jon 1 - 1930, to June 4 /1 - 19524
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on D 133 ; death Is said
1. AGE Teals Months Days IT LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance.
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, ASSEMBLE SAWYER, BDDKKEEPER, etc.	14 ch la Tank Relieve
Industry or business in which	Hallomothing-
SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and year) year) SAW MILL, BANK, etc 11. Total time (years) spent in this occupation	· · · · · · · · · · · · · · · · · · ·
year) occupation occupation	Differ Contributory Causes of importance
12. BIRTHPLACE (city or town).	Jacker Churcher
	V
E	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy? Wa
	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Jas. E. Styrens,	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address Company)	
18. BURIAL, CREMATION, OR REMOVAL Date Jan 13, 1934	Manner of injury
19. UNDERTAKER damo Stern Inc.	24. Was disease or injory in any way related to occupation of deceased? ZAS
(Addiess) limbaland.	If so, specify
20. FILEDEN 12, 1934 Makeney & Meccal Registrar.	(Signed) M, D. (Address) 12 2 201 M A A A A A A A A A A A A A A A A A A
If more blanks are needed address State Paristra	N. Charles Street Belling B. W. W. S.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

60

3

1PLACE OF DEATH	
County Allegary	(200-8)
illage or City Flintstone (No.	
Maria Alia	7
2FULL NAME TRANSPORT	uea
PERSONAL AND STATISTICAL PARTICULARS	MEDICA
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR-DHYDRCED	16 DATE OF DEATH
Temak Write the word)	goa
DATE OF BIRTH	17 HEREBY
(Month) (Day) (Year)	that I last saw h
AGE [If LESS than	and that death occurr
3 yrs. 3 mos. 1 day hrs. or min.?	The CAUSE OF DEATI
OCCUPATION OCCUPATION	Cause of deat
(a) Trade, profession or particular kind of work	Jennie de La Li
(b) General nature of industry business, or establishment in which employed or (employer)	from
BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF PO	(Signed)
11 BIRTHPLACE	Jan 8/ 1984
OF FATHER (State or country)	*State the Dis Violent Causes, sta
OF MOTHER Cora Alice Streens	Accidental, Suicidal o
13 BIRTHPLACE OF MOTHER ANDLE	At place of death
(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contra
along at the to	Former or usual residence
(Informant) Dige & Jeller	19 BACE OF BURIAL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registr	ation D	ist. No.	
St.:	.Ward)	a hospital tion, give i stead of	occurred i or institu ts NAME in street an
1	***************************************	number.)	
EDICAL CERTIFIC	ATE O	F DEATH	
Bal (Mont)		۷ ,	1984
Dan (Mont)	h) 2	(Day)	(Year)
EREBY CERTIFY, The	t I atte	nded the de	ceased from
192 to	******		, 192
halive on			, 192
occurred on the date	stated s	bove, at	- Hen
DEATH * was as foll	ows:		
death unknow	whi	Physician	un did
death umknow	مرد	med	- see
patient matil	alt	u deat	h. centon
7	0		. marrow . Manhard
(Duration	1)	_yrs,n	nosde
y			· · · · · · · · · · · · · · · · · · ·
(15)	,		
P Duratio	2	yrsr	nosdi
JET JA	My	927	M. I
1984 (Address)	Class	elsto	ne
he Disease Causing ses, state (1) Means nicidal or Homicidal.			

F RESIDENCE (For Hospitals, Institutions, Transent Residents) In the State.....ds.

contracted, death?.

20 UNDERTAKE

DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor; Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material ,,, etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, without more precise specification as Day (a) the kind of work and also (b) the and children, not gainfully em--Coal mine, etc. Womperson, irrespective of (b) Grocery, HO. Vard

Statement of Cause of Death—Name, first, the price EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebros and fever (the only definite synonym is "Epidemic cerebrol spinal meningitis"); Diphtheria avoid use of "Crou"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Aanswered in detail.
Udzu is essential
Ppermanently filed

ered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

(secondar; or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" use of "Tumor" for malignant neoplasms); Measles; glanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "E:haustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway traincarbolic acid - probably suicide. The n .ture of the injury, approved by Committee on American Medical Association.) Recommendations on statement of cause of If this certificate is looked over thoroughly and all qu stions "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic and consequences (e. g., sepsis, valvular heart etc. The Nomenclature Always qualify all eontributory disease;

Exact statement of OCCUPA.

MARGI	N. B.—WRITE PLAINLY, WITH UNFAI	mation should be carefully supplied.
	WITH	efully
	LY,	car
	Z	be
	PLA	hould
	TE	n s
V. S. No. 1	B.—WR	matio
V. S.	ż	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	00059
County Clegary Village or City The Clear	id hid	ND.	Registration Dist.	St., Ward
Length of residence in city or town where death	occurredlifesmos	death occurred in a hospital or institu		ad of street and number)
(a) Residence: No.	Oorn Thrashe (Usual place of abode)	St., Ward.	If nonresident give ci	ily or town and State
PERSONAL AND STATISTICA		MEDICAL C	ERTIFICATE OF	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Jaw. 1	19 th 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			CERTIFY, T	hat I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day hrs. or min.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:		
No. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11, Total time (years) spent in this occupation	Spintanes Other Contributory Causes of Impo	us Alnlin	Date of onset
12. BIRTHPLACE (city or town) Muslam (State or country) 2 13. NAME Welson Throat	d md	Other Conditionary Causes of Impo	ntance.	
13. NAME NEW Thrace 14. BIRTHPLACE (city or town) (State or country)	and. my	Name of operation		
15. MAIDEN NAME Party Ju 16. BIRTHPLACE (city or town) (State or country)	zubakur yland	23. If death was due to external cat Accident, suicide, or homicide? Where did Injury occur?	uses (VIOL ENCE) fill in al	so the following: f injury, 19
17. INFORMANT M. n. Julia (Address)	sher	Specify whether injury occurred in	n INDUSTRY, in HOME, of	r In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place)ate, 19	Manner of Injury		
19. UNDERTAKER (Address) 20. FILED] and 19 h 19 3 +	K Staken	24. Was disease or injury in any w	ay related to occupation o	of deceased?
1	Registrar.	(Address)	milleurs	ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Annual Control of the Control of t			
Other contributory causes of importance:	1777111	Other contributory causes of importance:	1 silts
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

State JPA-	STATE OF MARTLAND	CERTIFICATE OF DEATH	000
	1. PLACE OF DEATH	(108)	,
ould OCC	County allegans	CHATE LIMITS Registration Dist. No.	4
should of OCC	Village or City Churcheland	No. Messes JAOA St. 6 f death occurred in a hospital or institution, give its NAME instead of street and	- / Ward
	Length of residence in city or town where death occurradyrsmo		
PHYSICIANS oct statement	2. FULL NAME Lenord Leo Voorhees		
SIC	(a) Residence: No. 957 Sleenwood	St 6 -/ Ward.	
IYS	(Usual place of abode)	If nonresident give city or town and	State
PII	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Y. E	3. SEX 4. COLOR OR RACE OR DIVORCED (wright the word)	21. DATE OF DEATH January 3 (Month) (Oay)	, 1934 (Year)
A C T I	5a. If married, widowed, or divorced HUSBAND of		
್ಡ	(or) WIFE of Suegle	Jan. 3. 34 19 to Jan. 3. 34	daceased from
E X cl	6. DATE OF BIRTH (month, day, and year) Oct v9 1933	I last saw him alive on Jan 3.34 19	_: death is sai
d]	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 9. IO R. M.	
stated E properly certificate	V 5 I day,hrs.		
	8. Trade profession or particular	Left Lobar Pneumonia	Date glonset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done as SILK MILL		- daf . shop
nay back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
should it may on back			
P + 0	10. Oate deceased last worked at this occupation (month and years) year)		
	Culadand	Other Contributory Causes of importance:	
d so , ucti	12. BIRTHPLACE (city or town) (State or country)	*	
supplied n terms, ee instri	13. NAME Samuel Varlegen		
upp ter	H	None of a section	
y sulain t	14. BIRTHPLACE (city or town)	Name of operation	200
carefully supplied [H in plain terms, ortant. See instru	E 15. MAIDEN NAME ROAL Slickland		
	T	23. If death was due to external causes (VIOLENCE) fill in also the followin. Accident, suicide, or homicide? Date of injury	
TH por	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	, 19
	17. INFORMANT Samuel Voorhees (Address) Cumbriland Mid	(Specify city or town, county and Sta Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te) ACE.
should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manage of injury.	
_ E4 .#	Place Greamantlesse Jan 5, 1934	Manner of injury	
mation s CAUSE TION is	L. A.		No
C	19. UNDERTAKER OTHER SHEW SHE	24. Was disease or injury in any way related to occupation of deceased?	

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Registrar.

(Signed)....

(Address) 7/2/G au

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00061
state UPA.	1. PLACE OF DEATH	(46)
DOCC	County allegany WITHIN COR	RPORATE LIMITE Registration Dist. No.
should of	Village or City Calual Fland	No. Allegace 170 St., 4 Ward death occurred in a hospitator institution, give its NAME (instead of street and number)
00 -	Length of residence in city or town where death occurredyrs,mos	. // /
PHYSICIANS oct statement	2. FULL NAME Office Lumen 9	Vageley
SIC	(a) Residence: No. 21 Virginia C	Ward.
,	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
7	To Proposed (write the word)	Junuary 16, 193 4 (Mg/th) (Oay) (Year)
X A C T I classified.	5e. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
I A	(or) WIFE of Harry H. Dageley	December 13, 1933, to James 16 1934
	6. DATE OF BIRTH (month, day, and yest) Deel 3. 1872	I last saw her alive on June day 16, 19 34; death Is sain
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 4145 2 m.
stated proper ertific	67 10 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Carcinama of Liver Data of onsat
be y of	SAWYER, BOOKKEEPER, etc.	Carentinia Jof Stomach ?
should it may in back	work was done, es SILK MILL, SAW MILL, BANK, etc.	Meetes A dech!
sh it in	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Gastrie Vinaskage - Jan 16,
	year) occupetion occupetion	Other Coutributory Causes of importance:
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) Braffare	Other Countibutory Causes of Importance:
ed.	(State or country),	
supplied n terms, ee instru	13. NAME FULLY SERVEY 14. BIRTHPLACE (city or town) Suraffan MATERIAL STATES	
ld be carefully supplied DEATH in plain terms, y important. See instru	14. BIRTHPLACE (city or town)	Name of operation
pla pla	(State or country)	What test confirmed diagnosis? Cxane Was there an eu'opsy?
carefully H in pla	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
can TH port	O 16. BIRTHPLACE (city or town) Y (State or couptry)	Accident, suicide, or homicide?
be carefu EATH in principal important.	Hand March	Where did injury occur?(Specify city or town, county and State)
DE D	17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
10	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
en	Place Milles V. Cary Oata Jan 18, 1934	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER Jours Allain due	24. Was disease or injury In any way related to occupation of deceased?
A	(Address) The land Ma	(Signed) Samueled Quicker M.
	20. FILEBRING 17 , 1934 Makuley Marine Registrar.	(Address) 12 - Bedford ShBet.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECTIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EED 8 1934	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	auses of importance:	ئا	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00062
1. PLACE OF DEATH	(46)
County allegany County VITHIN CORF	PORATE LIMITS Registration Dist. No.
Village or City Candellard. M. S.	Nolllegan Navitel Cost, MA Ward
	death occurred in a hoppital or institution, give its NAME instead of street and number) ds. OHow long to U.S. if of foreign birth?
01.	dsay @How Long to U.S. If of foreign birth?yrs mos ds.
2. FULL NAME Colour May Magnes.	
(a) Residence: No. / 1 James M. / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Octs 12, 1892	1 last saw h 2 alive on 193 \ death is said
6. DATE OF BIRTH (month, day, and year) Oct. 12 / 89 2 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2710.2 m.
1 day. hrs. or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
Trada profession or particular	Date of onset
9. Industry or business in which	02 10 0000 0000
work was done, as SILK MILL, SAW MILL, BANK, etc	Coincide Control of the Control of t
11. Total time (years) this occupation (month and year) year)	Colons Culfo?
V VAI	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Assets 17. V. (State or country)	00115
13. NAME J. W. The general.	
13. NAME J. Wagner. 14. BIRTHPLACE (city or town) - French A. Va.	Name of sparation. Date of
(State of Country)	What test confirmed diagnosis? Q & Q Was there an autopsy?
15. MAIDEN NAME alumo Melana	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Futter M. Va.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Misa T. C. Tefferi	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Kanes H. / a.	
Place Lucia Pt. Com Amadio and: 16-1934	Manner of injury
Man 10 18	Nature of injury.
19. UNDERTAKER (*) Hashward One.	24. Was disease or injury in any way related to occupation of deceased?
land sell all the selfer -	(Signed) (Signed) M. D.
20. FILED CAPT B., 19 P. J. State Well St. Registrar.	(Address) Called Cycles
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

	3	IMIL	1 1417.41.7	1 L/ IIIV	OLIVIII IOIVIE		
1	PLACE OF DEAT		WITH	IIN CORPOR	ATE LIMITS 93-C		1/.
*	CountyA_	legany				Registration Dist. No.	
	Village or City	Cumbe	rland.		No. 26 Rear of	f Williams . S	
				yrs,mos	ds. How long In U.S. if of		
2	. FULL NAME		Washin		w= p= = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	(a) Residence: No.	C	umberla	nd. Md	St., Ward.		
	(a) hesidence. No		(Usuel place	of abode)		If nonresident give city or tow	vn and State
ACTION	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DEAT	тн
		r or race lack		RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH	Jan.17.1934	. 193
			12200			(Month) (Day)	(Year)
5a.	If married, widowed, or divo HUSBAND of Thom (or) WIFE of	as. Was	hington			CERTIFY, That I att	
e 1	DATE OF BIRTH (month, day	u and vase)	une.30.	1845	I last saw how alive on_ }	an 10/1 ,19	3.4; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated	above et 5.40 Pm	
	88	7	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH		0
	8 Arade, profession, or pa	articular	1 -1	ormin.	were as follows:	Lingasth	Date of onset
CCUPATION	kind of work done, SAWYER, BOOKKEE		Av	Home	(1 /2 sa To	Barnchit	is Ismal
A	Industry or business in	which			- Charles - 1	V.V.	1/1924
UP	9 Industry or business in work was done, as S S AW MILL, BANK, o	SILK MILL,	,				
000	In Date deceased last work this occupation (more year)	rked at	spa	time (years) ent in this upation			
-	Joan /			apation	Other Contributory Causes of impor	tance:	
12.	BIRTHPLACE (city or town)			Md	12 sone	lead as me	-9
	(State or country)	- 7	7.7		Chrome	my condit	2
띪	13. NAME Henr	y. Hope	well				
FATHER	14. BIRTHPLACE (city or to	nwa)	Va		Name of operation 222	Da ¹	te of
E.	(State or country)	,			What test confirmed diagnosis	y arcal Eran Was the	era an au'opsy? ho
OTHER	15. MAIDEN NAME D	ont Kno	W		23. If death was due to external ceus		ollowing:
H	16. BIRTHPLACE (city or to	own)	Dont K	now	Accident, suicide, or homicide?	Date of injury.	, 19
×	(State or country)	JHII/			Where did Injury occur?		
	Alber	t Washi	ngton.		Specify whether Injury occurred in	(Specify city or town, county a	ind State)
17.	(Address)		land. M	d	- Specify whether injury occurred in		
18	BURIAL, CREMATION, OR I	REMOVAL			Manner of Injury		
	Place Summer	(em	oate Ja	n.19.1934	Nature of Injury		
	Т.	ohn.C.W	olford				no Ma
19	. UNDERTAKER		and Md		24. Wes disease or injury in eny wa	y related to occupation of decees	00:
	(Address)	1	Olace Ind	dh.	If so, specify	C Hollons	ment)
20	FILEDAW 18	19344 1	arnees	7 //elas	(Signed)	2	M. 0.
				Registrar.	(Address) ///_7	1 - / 1000	D () ()

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Chronie interstitial n	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago	
	= 3 9 1014				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones	PUREAU V. S	May 1,1923	Gastroenteritis	1 year	
		†			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

B

should state A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. certificate. IS UNFADING INK_THIS AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

19. UNDERTAKER

(Address)

1. PLACE OF DEATH County Allegang Village or City Pumberland (If	CERTIFICATE OF DEATH UUU64 PORATE LIMITS Registration Dist. Np. Np. St., 6 2 Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. mos. ds. St., 6 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writethe word) Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writethe word)	21. DATE OF DEATH (Month) (Day) (Vear)
5a. If married, widowed, or divorced HUSBAND of CONTROL Allasticus Walks 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particulal kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecuagation (month and was spent in this couraging (month and was spent in this couraging (month and was spent in this couraging (month and was spent in this course)	I HEREBY CERTIFY That I attended deceased from OLA 29 , 1932, to 1924; death is said to have occurred on the date stated above, at 3;450 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 1930
11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address)	Other Contributory Causes of importance: Contributory Causes of importance:
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury auto account

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

24. Was disease or injury in eny way related to occupation of deceased?

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For authornation	FOR FURTHER STATE	MENTS BY PHYSICIAN	certificant
1	0		- carrier .
U			

certificate.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chranic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Perilanitis	3 days aga
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year
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ARGIN RESERVED FOR DI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E N	CAUSE OF DEATH in plain terms, so that it may be properly c	
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? ______yrs. _____mos. ____ds. (a) Residence: No. 80 (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OK DIVORCED (write the word) (Month) 5a. If married, widowed or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate 7. AGE Days If LESS than have occurred on the date stated above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particuler OCCUPATION kind of work done, as SPINNER, JO SAWYER, BDDKKEEPER, etc. ... 9. Industry or business in which work was done, es SILK SAW MILL, BANK, etc. back on 10 Date deceased last worked at this occupation (month and 11. Total time (yeers)
spent in this occupation ... instructions Other Contributory Causes of 12. BfRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (Stete or country) What test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes WDL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of Injury Nature of Injury LION 24. Wes disease or injury in any way refated to occupation of deceased? 19. UNDERTAKER (Addiess) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUPPAU V. S.	- All			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE

County__ Village of

Length of

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2. FULL N (a) Resid

5a. If marriad, wid HUSBAND of (or) WIFE of

6. DATE OF BIRT

Trada, pro

9: Industry of

kind o SAWY

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

13. NAME

17. INFORMANT

19. UNDERTAKER

(Address)

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OCCUPATION

FATHER

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OF DEATH	CERTIFICATE OF DEATH 00068
Allegany WITHIN CORPORA	ATE LIMITS Registration Dist. No.
	No. Memorial Hospital St., — Ward death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foraign birth? — yrs. — mos. — ds.
AME THEODORE WILLIAMS	
ence: No. HOPEWELL PENNA (Usual place of abode)	St., Ward. If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE WHITE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH
lowad, or divorcad	22. I HEREBY CERTIFY, Thet I attended deceased from 10 - 19 34, to 19 - 19 34
H (month, day, end years closect 1869	I lest saw h invalive on / - / 9 - 1934; death is seid
Years Months Days If LESS than 1 dey,hrs.	to heve occurred on the date stated above, et 10:35 Ad. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ofession, or particular f work dona, as SPINNER, ER, BOOKKEEPER, etc.	Of Pourse Co Jose In
r business In which was done as SILK MILL,	1

Date dacaased last worked at 11. Total time (years) this occupation (month and spent in this occupation _____ Other Contributory Causes of Importanca: Penna 14. BIRTHPLACE (city or town) What test confirmed diegnosis?. 23. If death was due to externel causes (VOLENCE) fill in also the following: Accident, suicida, or homicide? Date of injury..... 16. BIRTHPLACE (city or town). Whera did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Cumberland 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury Nature of injury. in any wey ralated to occupation of dacaasad? (Signad). Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B ż should state

	Village or City_CUMBERIAND, MD. ME	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2	2. FULL NAME MARGARET WILSON	mosyrsmosmos
	(a) Residence: No. OAKI, AND NO (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write the MARKIED)	OWED. 1934 JANUARY 30, 1934 (Month) (Day) (Yes
5a.	I. If married, widowed, or divorced HUSBAND of (or) WIFE of TOHN WITLSON	22. I HEREBY CERTIFY, That I attended deceased
6 1	1 4 16	6 7 I last saw h alive on 2 9 19 death i
7. /	AGE Years Months Days If LI	SS than to heve occurred on the date stated above, at
OCCUPATION	9. Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Catr Subdividuor of Entre Continuor of Continuor Quees of importance:
2	(State or country) 13. NAME JEREMIAH BROWNING	
FATHER	14. BIRTHPLACE (city or town)	Name of operation Urbling Later Date of Whet test confirmed diagnosis? A but alice West there an autopsy?
MOTHER 12.	15. MAIDEN NAME MARY DICK 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address)	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18.	B. BURIAL, CREMATION, OR REMOVAL Place Dufflewell nd Date Feb 1	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEMBRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	,	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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	N. B.—WRITE PLAINLY, WIT, INFADING INK—THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	-WR	mati	CAU	TION is very important. See instructions on back of certificate.
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STATE	OF	MARYLAND—CERTIFICATE OF DE	ATH	00070
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(18.6)
County allegancy.	Registration Dist. No.
Village or City of Sonkles	NDSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Patricia Rose Mary	Wilson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HE/REBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dee) 17, 1937	I last saw h. C. Y. alive on
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at33.0.4.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Basillary Dysenfares 1/14/3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Janklew (State or country)	Title Contributory Canes of Importance.
13. NAME DISSEPTION TO SEPTIMENT TO SCHOOL TO	
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Hely of amelton 16. BIRTHPLACE (city or town) Franklin	23. If death was due to external causes (VIDL ENCE) fill in also the following: 2
0 16. BIRTHPLACE (city or town) Frankles	Accident, suicide, or homicide?
17. INFORMANT My Cethel Hilson	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Topkelen; M. 18. BURIAL, CREMATION, OR REMOVAL	Warren de La constitución de la
Place Mornison's Contagne Jon 19, 192	Nature of injury
19. UNDERTAKER & J. S. Budy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Buston, Mila	If so, specify
20. FILED Jan. 19, 1094 A. A. Registrar.	(Signed) Presmout W. Va.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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S.V.DABAUN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			TEMENTS BY PHYSICIAN
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	U	0	

00071 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-0
County alleann	Registration Dist. No.
Village or City & Oalt md	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Theodore Wil	soul a soul
(a) Residence: No. 815 manus Gerra (Usual place of abode)	est., Ward. Sumberland Lud If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word) Wale	21. DATE OF DEATH (Month) (Pay) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Cor) WIFE of Pelecca Wilson	22. I HEREBY CERTIFY, That t attended deceased from
1846	dest 1 de
6. OATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS that	last saw have on 1935; death is said
1 day.	o have occurred on the date stated above, at
87 10 12 ormin.	were as follows: Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, Stalle Bass of Mora. SAWYER, BOOKKEPER, etc.	a Miscardita
	Charace " from the
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Aud and dente
Date deceased last worked at this occupation (month and spentin this	
year) 1914 occupation	Other Contribution Contribution
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Vicaria	
II 13. NAME Sohn Wilson	,
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Chinical Was there an au'opsy? Do
置 15. MAIOEN NAME スオ K	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
State or country)	Where did injury occur?
Cleater Wilson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT O Leader & Frostling to	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Congainty Oate face . 30, 1934	Nature of injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
(Address), Frestland Ind	If so, specify
1/29 134 a.K. Stathi	(Signed) Care Tracker M. O
20. FILED A.9., 19 T Registrar.	(Address) Troslburg Mile

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

7. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City W JOVOG (No.	Registration Dist. No
2FULL NAME Infant Wi	tion, give ite NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEDUS (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That (lattended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Su 30 , 193
7 AGE If LESS than I day 7 hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Trade, profession or	Fremouse Distr 195 mm
particular kind of work	
(b) General nature of industry business, or establishment in	(Duretion),yrs
which employed or (employer)	Contributory Secondary (Duresion) yrs mos d
10 NAME OF Claysus Wills	(Signed) Destatty M. J.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER BANKA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrsmosds. State yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Juss Bestha Martin	former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) my wargo me	Frostpung med Jan 3/. 103
Filed / 3/ 1934 H- 10 satella & Registrat	Claypus Chimu Father my Paroge Ind
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer,'" (Foreman," "Nanager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of ployed, as At school, or At home. Care should be taken whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed etc., Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day who are engaged in the duties of the Tollon mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material Architect, -Coal mine, etc. Wom-Locomotive engineer, persons

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. L. amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart "" "Old Age, stated unless important. inges, peritonaeum, etc., "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all carbolic acid-probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train American Medical Association.) approved (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature cough; Chronic Carcinoma, Example: Measles (disease affection need not be etc. valvular heart disease; The contributory Sarcoma,, Measles etc., of

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A I the diffa is essent.al and must be obtained before the certificate is permanently filed.

PATRIB

HIEL

S BINDING	BWRITE PLAINLY, WITH INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	icate.
D FOR	A SI SI	be state	be prope	of certifi
MARGIN RESERVED FOR BINDING	NFADING INK-TH	supplied. AGE should b	uin terms, so that it may b	See instructions on back o
. No. 1	B.—WRITE PLAINLY, WIT	mation should be carefully	CAUSE OF DEATH in pla	TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82:0)
· County alleggny	Registration Dist. No. 12
Village or City Andland	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
01: 101. 1	rs
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world) State Annual Annual	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cleanvy & Carity	22. I HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) 4 eb. 12 1867	I last saw h was alive on Jaw 6 5 , 1934; death is said
7. AGE Years Months Days If LESS than f day,hrs.	to have occurred on the date stated above, at
66 // L4 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arterio siterosis Englo 92
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recurstion (month and	
SAW MILL, BANK, etc	
O 30. Date deceased last worked at this occupation (month) and year)	,
O Minauland	Other Contributory Causes of importance:
f2. BIRTHPLACE (city or town) (State or country)	erect appoint
13. NAME bacot Chinters	
f4. BIRTHPLACE (city of town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Land Hambertun	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) — Danyland (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT ALLA ALLA ALLA ALLA ALLA ALLA ALLA A	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place L. Charle Linguity Oate, Jane 9., 1934	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
David P V V WHOLE	(Signed) M: M. D. Cormall. 1 M.D.
Registrar.	(Address midlaud - manyland -
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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